### Ownership, Management and General Information

Name: Adams County Dialysis

Address: 436 North 10th Street City: Quincy

County: Adams HSA: Medicare ID: 14-2711 **Legal Entity Operator:** 

Total Renal Care, Inc

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Blessing Hospital

Other Ownership:

**Medical Director Name:** Hrishikesh Ghanekar **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME</b>	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	17	Full-Time Work Week:	32
Certified Stations by CMS:	17	Regsitered Nurse :	2
Peak Authorized Stations Operated:	17	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

# Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	7.5	11	7.5	0	11	7.5
Number of Patients Treated	24	14	24	11	0	23	11

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: 36 In-Center Treatments in calendar year: 5,920 (Beginning patients) **Number of Missed Treatments:** 48 Patients treated as of 12/31/2014: **Average Daily Treatments:** 

39 (Ending patients) **Average Treatment Time (min):** 221.0

**Total Unduplicated patients** 69 treated in calendar year:

Total:

**LOSSES to the FACILITY** ADDITIONS to the FACILITY **USE RATE for the FACILITY** 

3 Treatment Capacity/year (based on Stations): 15.912 **New Patients:** Recovered patients: **Transient Patients:** 14 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 37% Patients Re-Started: 0 Patients transferred out: 21 **Use Rate (including Missed Treatments):** 38% 0 5 Use Rate (Begining patients treated): 35% **Post-Transplant Patien** Patients voluntarily discontinued 0 38% Total: 33 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Patients deceased: 0

### Patients and Net Revenue by Payor Source

30

Medicare M		Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	85.5%	2.9%	8.7%	0.0%	2.9%	100.0%	0.0%
Patient	<b>Patient</b> 59 2		6	0	2	69	0
1/1/2014 <b>to</b> 12/31/2014	56.9%	1.8%	33.1%	0.0%	8.2%	100.0%	0.0%
Net Revenue	\$1,092,460	\$35,341	\$635,501	\$0	\$0 \$157,716 <b>\$1,921,018</b>		\$0
Patients by Age and Sex			Patients by Race	<u> </u>	<u>Pat</u>	ients by Ethnicity	!
SECROLIDS MALE FEMALE TOTAL			Patients:	0	Hispanic Latino	Dationts:	٥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	69
15-44 yr	2	1	3	Black/ African American :	12	Unknown Ethnicity Patients	0
45-64 yr	18	9	27	Hawaiian /Pacific Islande	0	TOTAL:	69
65-74 yr	7	4	11	White:	56		
75 < yrs	9	19	28	Unknown:	1		
Total	36	33	69	TOTAL:	69		

## Ownership, Management and General Information

Aledo Kidney Center, LLC Name: 409 N.W. 9th Avenue Address:

Aledo City: Mercer County: 10 HSA: 14-2658 **Medicare ID:** 

**Legal Entity Operator:** 

Aledo Kidney Center, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Genesis Medical Center, Aledo

Other Ownership:

**Medical Director Name:** Rajesh Alla, M.D. **Provides Incenter Noctural Dialysis:** 

MOIT		

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	1
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	0	10	0	0	10	0
Number of Patients Treated	14	0	13	0	0	12	0

### **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** In-Center Treatments in calendar year: 15 **Number of Missed Treatments: Average Daily Treatments:** 

2,110 117

Patients treated as of 12/31/2014:

14 (Ending patients)

Total:

**Average Treatment Time (min):** 

210.0

7,488

28% 30% 31% 29%

**Total Unduplicated patients** 

Patients treated as of 1/1/2014:

treated in calendar year:

(Beginning patients)

\_ITY

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

ADDITIONS to the FACILITY		LITY	LOSSES to the FACILITY		USE RATE for the FACILITY
	New Patients:	5	Recovered patients:	0	Treatment Capacity/year (based on Stations):
	Transient Patients:	2	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):
	Patients Re-Started:	0	Patients transferred out:	3	Use Rate (including Missed Treatments):
	Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):
	Total:	7	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):
			Patients deceased:	5	

22

### Patients and Net Revenue by Payor Source

8

		Medic	are	Medicaid	edicaid Private Insurance Pr		Other Public	TOTAL	<b>Charity Care</b>
		90	.9%	0.0%	0.0% 0.0%		9.1%	100.0%	0.0%
Patient			20	0	0 0		2	22	0
1/1/2014 <b>to</b>	12/31/2014	84	.5%	0.0%	0.0% 15.5%		0.0%	100.0%	0.0%
Net Revenue		\$458,93	35	\$0	\$0 \$84,459		\$0	\$543,394	\$0
Patients by Age and Sex			Patients by Race		Patio	ents by Ethnicit	<u> </u>		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Asian Patients:		Hispanic Latino Patients:		0
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latino Patien		22
15-44 yr	0	0	0	Black	Black/ African American :		Unknown Ethnic	ity Patients	0
45-64 yr	7	2	9	Hawa	Hawaiian /Pacific Islande		TOTAL:		22
65-74 yr	3	5	8	White	<b>)</b> :	22			
75 < yrs	1	4	5	Unkn	own:	0			
Total	11	11	22	TOTA	L:	22			

## Ownership, Management and General Information

Name:

Alton Dialysis

3511 College Avenue

Address: City: County:

Medicare ID:

HSA:

Alton Madison 11

14-2619

**Legal Entity Operator:** 

DVA Renal Healthcare Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** Joy Heath Odell

Other Ownership:

**Medical Director Name:** Suresh Mathew **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION
---------------------

Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	4
Peak Authorized Stations Operated:	14	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	35	26	32	27	0	35	27	

### **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** 

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Patients treated as of 1/1/2014: 71 In-Center Treatments in calendar year: 9,490 (Beginning patients) **Number of Missed Treatments:** 321 **Average Daily Treatments:** Patients treated as of 12/31/2014:

75 (Ending patients)

90

**Average Treatment Time (min):** 210.0

**Total Unduplicated patients** treated in calendar year:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	18	Recovered patients:	4	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	11	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	3	Patients transferred out:	17	Use Rate (including Missed Treatments):	75%
Post-Transplant Patien	1	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	85%
Total:	33	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	9		

Total: 40

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	88.6%	6.8%	4.5%	0.0%	0.0%	100.0%	2.3%
Patient	78	6	4	0	0	88	2
1/1/2014 <b>to</b> 12/31/2014	60.0%	1.1%	20.1%	0.3%	18.5%	100.0%	0.3%
Net Revenue	\$1,756,155	\$32,986	\$587,104	\$8,555	\$539,812	\$2,924,612	\$8,555
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	¥
				_			_

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	88
15-44 yr	8	4	12	Black/ African American :	27	Unknown Ethnicity Patients	0
45-64 yr	14	18	32	Hawaiian /Pacific Islande	0	TOTAL:	90
65-74 yr	10	14	24	White:	63		
75 < yrs	13	9	22	Unknown:	0		
Total	45	45	90	TOTAL:	90		

### Ownership, Management and General Information

Name: ARA- Crystal Lake Dialysis

Address: 6298 Northwest Hwy. Suite # 300

City: Crystal Lake
County: McHenry
HSA: 8
Medicare ID: 14-2664

Legal Entity Operator: AF

ARA-N.W. Chicago LLC

1

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Centro Bradley Crystal Lake, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Dr Mohammed Zahid Provides Incenter Noctural Dialysis:

STATION INFORMATION					
16	Full-Time Work Week:	40			
16	Regsitered Nurse :	3			
16	Dialysis Technician :	3			
14	Dietician :	0			
1	Social Worker:	0			
	LPN:	0			
	Other Health :	0			
	16 16	16 Regsitered Nurse: 16 Dialysis Technician: 14 Dietician: 1 Social Worker: LPN:			

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	22	0	18	0	0	23	0

# Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 37 In-Center Treatments in calendar year: 3,775 (Beginning patients) Number of Missed Treatments: 114

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 210.0

Total Unduplicated patients 115

treated in calendar year:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 15 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 89 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 25% Patients Re-Started: 0 Patients transferred out: 114 **Use Rate (including Missed Treatments):** 26% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 39% **Post-Transplant Patien** 104 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 81% Total: Patients deceased: 6

Total: 124

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	84.8%	3.6%	10.7%	0.0%	0.9%	100.0%	2.7%
Patient	95	4	12	0	1	112	3
1/1/2014 <b>to</b> 12/31/2014	35.5%	0.2%	27.4%	36.9%	0.0%	100.0%	0.0%
Net Revenue	\$986,955	\$5,713	\$761,678	\$1,024,276	\$0	\$2,778,622	\$0
		I		I	_		

1101 1101 01140		ψ500,50	,,,	φο,πτο φτοτ,στο	Ψ1,024,270	ΨΖ,110,022	ΨΟ
Pat	tients by A	ge and Sex		Patients by Ra	ace	Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	31
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	80
15-44 yr	3	3	6	Black/ African American	: 4	Unknown Ethnicity Patients	4
45-64 yr	27	17	44	Hawaiian /Pacific Islande	. 0	TOTAL:	115
65-74 yr	19	16	35	White:	103		
75 < yrs	13	17	30	Unknown:	4		
Total	62	53	115	TOTAL:	115		
				ļ		Į.	

Total Net Revenue does not compute Total is 730,070

### Ownership, Management and General Information

Name: ARA-McHenry County

14-2737

Address: 4209 West Shamrock Lane
City: McHenry
County: McHenry
HSA: 8

**Medicare ID:** 

Legal Entity Operator:

American Renal Associate

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Riggsby Companies LLC

Other Ownership:

Medical Director Name: Mohammad Zahid Provides Incenter Noctural Dialysis:

STATION INFORMATION
---------------------

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	120
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	0	15	0	0	15	0
Number of Patients Treated	24	0	25	0	0	25	0

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 13 In-Center Treatments in calendar year: 3,112 (Beginning patients) Number of Missed Treatments: 103 Patients treated as of 12/31/2014: 49 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min):

Total Unduplicated patients 59 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Medicare

6

28

10

59

New Patients: 35

Transient Patients: 24

Patients Re-Started: 0

Post-Transplant Patien

Total: 59

Patients de P

4

31

75 < yrs

**Total** 

LOSSES to the FACILITY

Recovered patients: 1

Transplant Recipients: 1

Patients transferred out: 31

Patients voluntarily discontinued 0

Patients lost to follow up: 0

Patients deceased: 2

Total: 35

Medicaid

USE RATE for the FACILITY
Treatment Capacity/year (based on Stations): 11,232
Use Rate (Treatments/Treatment capacity): 28%
Use Rate (including Missed Treatments): 29%
Use Rate (Begining patients treated): 18%
Use Rate (Year end Patients/Stations\*6): 26%

Other Public

210.0

TOTAL

**Charity Care** 

2 **35** 

**Private Pav** 

45

59

### Patients and Net Revenue by Payor Source

**Private Insurance** 

		69	.5%	5.1%	22.0%	0.0%	3.4%	100.0%	0.0%
Patient			41	3	13	0	2	59	0
1/1/2014 <b>to</b>	12/31/2014	53	.6%	0.1%	46.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$648,28	36	\$872	\$561,386	\$0	\$0	\$1,210,544	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Pa	tients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	12
15-44 yr	1	3	4	Black/ African American :		2	Unknown Ethnic	city Patients	47
45-64 yr	11	8	19	Hawaiiar	/Pacific Islande	0	TOTAL:		59
65-74 yr	15	11	26	White:		12			

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

### Ownership, Management and General Information

Name: ARA-South Barrington Dialysis

Address: 33 W. Higgins Road

City: Barrington
County: Cook
HSA: 7
Medicare ID: 14-2662

Legal Entity Operator: ARA-N.W. Chicago

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Stonegate properties, Inc

Other Ownership:

Medical Director Name: Mohammad Zahid Provides Incenter Noctural Dialysis:

STATION INFORMATION FAC	<u> ACILITY STAFFING - FULL TIME EQUIVALENT</u>
-------------------------	---

Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	11	16	11	0	16	11
Number of Patients Treated	32	23	32	21	0	32	22

### **Facility Utilization Information**

### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 63 In-Center Treatments in calendar year: 8,494 (Beginning patients) Number of Missed Treatments: 178 Patients treated as of 12/31/2014: 63 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

210.0

Total Unduplicated patients 88 treated in calendar year:

Total:

# ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	JILII Y	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	32	Recovered patients:	1	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	6	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	1	Patients transferred out:	34	Use Rate (including Missed Treatments):	66%
Post-Transplant Patien	2	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	75%
Total:	41	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	67%
		Patients deceased:	9		

### Patients and Net Revenue by Payor Source

45

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	77.3%	6.8%	13.6%	2.3%	0.0%	100.0%	0.0%
Patient	68	6	12	2	0	88	0
1/1/2014 <b>to</b> 12/31/2014	52.5%	3.0%	44.5%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,525,347	\$88,327	\$1,294,124	\$0	\$0	\$2,907,797	\$0
Patients by Age	and Say		Patients by Pac		Dat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	29
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	59
15-44 yr	3	3	6	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	26	9	35	Hawaiian /Pacific Islande	0	TOTAL:	88
65-74 yr	13	10	23	White:	75		
75 < yrs	10	14	24	Unknown:	0		
Total	52	36	88	TOTAL:	88		

Total Net Revenue is \$2,907,797.00 (pg.12)

### Ownership, Management and General Information

Name: Barrington Creek Dialysis

Address: 28160 West Northwest Highway
City: Lake Barrington

City: Lake Ba
County: Cook
HSA: 7
Medicare ID: 14-2736

Legal Entity Operator:

El Camino Dialysis

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation
Property Owner: Barrington Medical Development

Property Owner:
Other Ownership:

Medical Director Name: Dr. Sumit Bector Provides Incenter Noctural Dialvsis:

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	36
Certified Stations by CMS:	12	Regsitered Nurse :	1
Peak Authorized Stations Operated:	12	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	12	0	0	12	0
Number of Patients Treated	19	0	19	0	0	19	0

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 15 In-Center Treatments in calendar year: 2,296 (Beginning patients) Number of Missed Treatments: 79
Patients treated as of 12/31/2014: Average Daily Treatments:

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 210.0

Total Unduplicated patients 36 treated in calendar year:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>ILIIT</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	27	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	9	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	20%
Patients Re-Started:	0	Patients transferred out:	12	Use Rate (including Missed Treatments):	21%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	21%
Total:	36	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	29%
		Patients deceased:	4		
		Total:	17		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	71.4%	2.9%	20.0%	2.9%	2.9%	100.0%	2.9%
Patient	25	1	7	1	1	35	1
1/1/2014 <b>to</b> 12/31/2014	28.6%	0.4%	69.8%	0.5%	0.7%	100.0%	0.5%
Net Revenue	\$401,741	\$4,921	\$980,896	\$7,375	\$10,263	\$1,405,195	\$7,375
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У
AGE GROUPS MALE	FEMALE TOTA	AL Asian	Patients:	1	Hispanic Latino	Patients:	1

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	35
15-44 yr	3	1	4	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	7	4	11	Hawaiian /Pacific Islande	2	TOTAL:	36
65-74 yr	7	2	9	White:	33		
75 < yrs	9	3	12	Unknown:	0		
Total	26	10	36	TOTAL:	36		
				· ·		•	

### Ownership, Management and General Information

Name: Benton Dialysis

1151 State Route #14 West

City: Benton
County: Franklin

HSA: 5 Medicare ID: 14-2608

Address:

Legal Entity Operator:

Renal Life Link, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Dr Steven J Zelman

Other Ownership:

Medical Director Name: Dr. Kevin Chen
Provides Incenter Noctural Dialysis:

	INFOR	

Authorized Stations as of 12/31/2014:	13	Full-Time Work Week:	40
Certified Stations by CMS:	13	Regsitered Nurse :	3
Peak Authorized Stations Operated:	13	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	0	10	10
Number of Patients Treated	21	19	23	18	0	23	17

### **Facility Utilization Information**

**Facility Reported Patient Information** 

\_\_\_ 39

48

66

Facility Reported Treatment Information

In-Center Treatments in calendar year: 6,006
Number of Missed Treatments: 422

Number of Missed Treatments: Average Daily Treatments:

Average Treatment Time (min):

Total Unduplicated patients

Patients treated as of 12/31/2014:

Patients treated as of 1/1/2014:

treated in calendar year:

(Beginning patients)

(Ending patients)

210.0

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	30	Recovered patients:	3	Treatment Capacity/year (based on Stations):	12,168
Transient Patients:	5	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	49%
Patients Re-Started:	2	Patients transferred out:	9	Use Rate (including Missed Treatments):	53%
Post-Transplant Patien	1	Patients voluntarily discontinued	5	Use Rate (Begining patients treated):	50%
Total:	38	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	62%
		Patients deceased:	8		

Total: 26

#### Patients and Net Revenue by Payor Source

Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
77.8%	11.1%	7.9%	0.0%	3.2%	100.0%	4.8%
49	7	5	0	2	63	3
63.3%	3.1%	13.2%	0.6%	19.8%	100.0%	0.6%
\$934,919	\$45,983	\$194,515	\$8,555	\$292,173	\$1,476,145	\$8,555
and Sex		Patients by Rac	<u>e</u>	<u>Par</u>	tients by Ethnicit	У
	77.8% 49 63.3%	77.8% 11.1% 49 7 63.3% 3.1% \$934,919 \$45,983	77.8% 11.1% 7.9% 49 7 5 63.3% 3.1% 13.2% \$934,919 \$45,983 \$194,515	77.8% 11.1% 7.9% 0.0% 49 7 5 0 63.3% 3.1% 13.2% 0.6% \$934,919 \$45,983 \$194,515 \$8,555	77.8%     11.1%     7.9%     0.0%     3.2%       49     7     5     0     2       63.3%     3.1%     13.2%     0.6%     19.8%       \$934,919     \$45,983     \$194,515     \$8,555     \$292,173	77.8%         11.1%         7.9%         0.0%         3.2%         100.0%           49         7         5         0         2         63           63.3%         3.1%         13.2%         0.6%         19.8%         100.0%           \$934,919         \$45,983         \$194,515         \$8,555         \$292,173         \$1,476,145

<u>Pat</u>	ients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	66
15-44 yr	7	1	8	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	13	4	17	Hawaiian /Pacific Islande	0	TOTAL:	66
65-74 yr	5	8	13	White:	65		
75 < yrs	17	11	28	Unknown:	0		
Total	42	24	66	TOTAL:	66		

Dates on page 3 do not match days of the week.

### Ownership, Management and General Information

**Beverly Dialysis Center** Name:

8109 South Western Avenue Address: Chicago City: Cook County: HSA: 6 14-2638 **Medicare ID:** 

**Legal Entity Operator:** 

RENAL LIFE LINK, INC.

211.0

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** DR. MAZHAR M. BUTT

Other Ownership:

JAMES J. RYDEL MD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40		
Certified Stations by CMS:	14	Regsitered Nurse :	2		
Peak Authorized Stations Operated:	14	Dialysis Technician :	7		
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1		

Isolation Statio (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15.5	15.5	15.5	15.5	0	15.5	15.5
Number of Patients Treated	36	34	37	36	0	36	36

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 80 11.248 (Beginning patients) **Number of Missed Treatments:** 663 **Average Daily Treatments:** Patients treated as of 12/31/2014: 81

(Ending patients) Average Treatment Time (min): **Total Unduplicated patients** 

110 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 25 Recovered patients: 2 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 29 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 86% Patients Re-Started: 0 Patients transferred out: 45 **Use Rate (including Missed Treatments):** 91% Patients voluntarily discontinued Use Rate (Begining patients treated): 95% **Post-Transplant Patien** 1 55 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 96% Total: 1

Patients deceased: 10 Total: 60

#### Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		75.9	9%	2.8%	20.4%	0.0%	0.9%	100.0%	1.9%
Patient			82	3	22	0	1	108	2
1/1/2014 <b>to</b> 1	2/31/2014	40.8	3%	1.6%	41.1%	0.3%	16.2%	100.0%	0.3%
Net Revenue		\$1,524,209	\$6	0,558	\$1,533,529	\$12,390	\$603,516	\$3,734,201	\$12,390
<u>Pati</u>	ients by Ag	e and Sex			Patients by Race	!	<u>Pat</u>	tients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	107

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	107
15-44 yr	6	8	14	Black/ African American :	105	Unknown Ethnicity Patients	0
45-64 yr	31	25	56	Hawaiian /Pacific Islande	0	TOTAL:	110
65-74 yr	10	12	22	White:	5		
75 < yrs	7	11	18	Unknown:	0		
Total	54	56	110	TOTAL:	110		

## Ownership, Management and General Information

Big Oaks Dialysis Center Name:

5623 West Touhy Address:

Niles City: Cook County: HSA: Medicare ID: 14-2712 **Legal Entity Operator:** Total Renal Care

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Mid-American Asset Management, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Other Ownership:

**Medical Director Name:** Dr. Daiva Valaitis **Provides Incenter Noctural Dialysis:** 

INFORMATION	

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	1
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	12	0	0	12	0
Number of Patients Treated	26	0	28	0	0	27	0

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: 22 In-Center Treatments in calendar year: 3,763 (Beginning patients) **Number of Missed Treatments:** 3

**Average Daily Treatments:** Patients treated as of 12/31/2014: 27

(Ending patients) **Average Treatment Time (min):** 210.0

**Total Unduplicated patients** 150

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

<b>ADDITIONS to the FACILITY</b>		LOSSES to the FACILITY		USE RATE for the FACILITY				
New Patients:	19	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232			
Transient Patients:	64	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	34%			
Patients Re-Started:	1	Patients transferred out:	64	Use Rate (including Missed Treatments):	34%			
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	31%			
Total:	84	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	38%			
		Patients deceased:	1					

Total: 66

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	66.9%	6.2%	22.1%	1.4%	3.4%	100.0%	3.4%
Patient	97	9	32	2	5	145	5
1/1/2014 <b>to</b> 12/31/2014	49.5%	5.7%	31.5%	2.9%	10.4%	100.0%	2.9%
Net Revenue	\$596,065	\$68,995	\$378,714	\$34,810	\$125,069	\$1,203,653	\$34,810
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
GE CPOLIDS MALE	EEMALE TOTA	I Acian	Dationte:	12	Hispania I atino	Patients:	35

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	12	Hispanic Latino Patients:	35
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	101
15-44 yr	10	5	15	Black/ African American :	39	Unknown Ethnicity Patients	14
45-64 yr	25	14	39	Hawaiian /Pacific Islande	1	TOTAL:	150
65-74 yr	13	10	23	White:	92		
75 < yrs	47	26	73	Unknown:	6		
Total	95	55	150	TOTAL:	150		

### Ownership, Management and General Information

Name: Center for Renal Replacement, LLC Address: 7301 N. Lincoln Ave., Suite 205

City: Lincolnwood
County: Cook
HSA: 7
Medicare ID: 14-2663

Legal Entity Operator:

Center for Renal Replacement, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Imperial Realty

Property Owner: Other Ownership:

Medical Director Name: James K. Yeung, MD Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	38
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

# <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	15	15	15	15	15	15	
Number of Patients Treated	33	26	34	29	0	35	28	

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 67 In-Center Treatments in calendar year: 9,280 (Beginning patients) Number of Missed Treatments: 456
Patients treated as of 12/31/2014: 60 Average Daily Treatments: 410.0 Average Treatment Time (min): 210.0

(Ending patients)

Average Treatment Time (min):

88

Total Unduplicated patients 88 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY	USE RATE for the FACILITY
--	---------------------------

**New Patients:** 23 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 1 **Transplant Recipients:** 5 Use Rate (Treatments/Treatment capacity): 62% Patients Re-Started: 1 Patients transferred out: 16 **Use Rate (including Missed Treatments):** 65% **Post-Transplant Patien** 3 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 70% 28 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 63% Total: 1 Patients deceased: 8 Total: 30

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.2%	2.3%	19.5%	0.0%	0.0%	100.0%	1.1%
Patient	68	2	17	0	0	87	1
1/1/2014 to 12/31/2014 Net Revenue	<i>65.9%</i> \$1.453.483	<i>1.1%</i> \$24.113	33. <i>0%</i> \$729.416	<i>0.0%</i> \$0	<i>0.0%</i> \$0	100.0% <b>\$2,207,012</b>	<i>1.8%</i> \$40,309

Net Nevenue		ψ1,400,400	, ψ2	4,113 \$729,410	ΨΟ	Ψ0	\$2,207,012	ψ40,303
Patients by Age and Sex			Patients by Rac	Patients by Ethnicity				
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	18	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	5	Non-Hispanic L	atino Patien	83
15-44 yr	2	0	2	Black/ African American :	21	Unknown Ethni	city Patients	0
45-64 yr	12	12	24	Hawaiian /Pacific Islande	0	TOTAL:		88
65-74 yr	23	11	34	White:	44			
75 < yrs	20	8	28	Unknown:	0			
Total	57	31	88	TOTAL:	88			
				I		I .		

## Ownership, Management and General Information

Centralia Dialysis Name:

1231 State Route 161 East Address:

Centralia City: Marion County: HSA: 5 Medicare ID: 14-2609

**Legal Entity Operator:** Renal Life Link, Inc.

Legal Entity Owner:

For Profit Corporation Ownership Type: **Property Owner:** Dr. Steven J Zelman

Other Ownership:

**Medical Director Name:** Dr. Steven J. Zelman **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION FA	<u> ACILITY STAFFING - FULL TIME EQUIVALENT</u>
------------------------	---

Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	6
Peak Authorized Stations Operated:	14	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	0	10	10
Number of Patients Treated	18	20	19	19	0	20	21

### **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 7,794 52 (Beginning patients) **Number of Missed Treatments:** 444 **Average Daily Treatments:** Patients treated as of 12/31/2014: 56 210.0

(Ending patients) **Average Treatment Time (min):** 

**Total Unduplicated patients** 88 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONO TO THE LAC	<u> </u>	EGGGEG to the LAGIELLI		OOL NATE TOT THE TAGILITY	
New Patients:	33	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	4	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	59%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	63%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	62%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	67%
		Patients deceased:	8		
		Total:	27		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	83.0%	2.3%	9.1%	5.7%	0.0%	100.0%	0.0%
Patient	73	2	8	5	0	88	0
1/1/2014 <b>to</b> 12/31/2014	52.4%	0.9%	33.9%	0.0%	12.8%	100.0%	0.0%
Net Revenue	\$1,590,474	\$26,334	\$1,028,177	\$0	\$388,253	\$3,033,238	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	88
15-44 yr	11	3	14	Black/ African American :	13	Unknown Ethnicity Patients	0
45-64 yr	18	5	23	Hawaiian /Pacific Islande	0	TOTAL:	88
65-74 yr	18	12	30	White:	74		
75 < yrs	12	9	21	Unknown:	0		
Total	59	29	88	TOTAL:	88		

### Ownership, Management and General Information

Chicago Heights Dialysis Name: 177 East Joe Orr Road Address:

Chicago Heights City:

Cook County: HSA: 14-2635 **Medicare ID:** 

**Legal Entity Operator:** 

Chicago Heights Dialysis, LLC

Legal Entity Owner:

Limited Liability Company Ownership Type: **Property Owner:** Matanky Realty Group, INc

Other Ownership:

**Medical Director Name:** William Evans **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u> FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	30
Certified Stations by CMS:	16	Regsitered Nurse :	2
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	12	17	12	0	17	12
Number of Patients Treated	41	32	41	28	0	39	30

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: 78 In-Center Treatments in calendar year: 10,861 (Beginning patients) **Number of Missed Treatments:** 579 **Average Daily Treatments:** Patients treated as of 12/31/2014:

73 (Ending patients) **Average Treatment Time (min):** 197.0

**Total Unduplicated patients** 101

Total:

treated in calendar year:

#### LOSSES to the FACILITY USE RATE for the FACILITY

<b>ADDITIONS</b> to the FAC	CILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	23	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	5	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	73%
Patients Re-Started:	0	Patients transferred out:	25	Use Rate (including Missed Treatments):	76%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	81%
Total:	28	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	11		

### Patients and Net Revenue by Payor Source

40

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	85.0%	6.0%	6.0%	0.0%	3.0%	100.0%	1.0%
Patient	85	6	6	0	3	100	1
1/1/2014 <b>to</b> 12/31/2014	51.9%	1.2%	24.4%	0.1%	22.4%	100.0%	0.1%
Net Revenue	\$1,559,844	\$34,736	\$734,145	\$4,130	\$671,874	\$3,004,728	\$4,130
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	<u>Y</u>
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	12

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	12	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	88	
15-44 yr	4	6	10	Black/ African American :	76	Unknown Ethnicity Patients	1	
45-64 yr	23	20	43	Hawaiian /Pacific Islande	0	TOTAL:	101	
65-74 yr	15	15	30	White:	24			
75 < yrs	11	7	18	Unknown:	1			
Total	53	48	101	TOTAL:	101			

CTATION INFORMATION

### Ownership, Management and General Information

Circle Medical Management Name:

1426 West Washington Blvd. Address: Chicago City:

Cook County: HSA: 6 14-2540 **Medicare ID:** 

**Legal Entity Operator:** 

Circle Medical Management, Inc.

FULL TIME FOLINAL FAIT

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Respiratory Health Association of Metropolitan Chi

Other Ownership:

Stephen Korbet, MD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

FACILITY STAFFING

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	35
Certified Stations by CMS:	26	Regsitered Nurse :	6
Peak Authorized Stations Operated:	28	Dialysis Technician :	30
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	2
Number of Shifts Operated per day		Other Health :	2

Other Health : Other Non-Health:

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	12	13	12	0	13	12
Number of Patients Treated	51	38	53	42	0	54	42

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 105 15,277 (Beginning patients) **Number of Missed Treatments:** 2

**Average Daily Treatments:** Patients treated as of 12/31/2014: 96

(Ending patients) Average Treatment Time (min): 555.0

**Total Unduplicated patients** 139

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

Recovered patients: **New Patients:** 27 3 Treatment Capacity/year (based on Stations): 26,208 **Transient Patients:** 4 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 58% Patients Re-Started: 2 Patients transferred out: 16 **Use Rate (including Missed Treatments):** 58% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 63% **Post-Transplant Patien** 1 34 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 57%

Patients deceased: 15 Total: 38

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	89.9%	4.3%	5.0%	0.7%	0.0%	100.0%	0.0%
Patient	125	6	7	1	0	139	0
1/1/2013 <b>to</b> 12/31/2013	56.2%	2.6%	38.3%	2.8%	0.0%	100.0%	0.0%
Net Revenue	\$5,429,650	\$249,071	\$3,701,817	\$273,560	\$0	\$9,654,098	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	13
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	126
15-44 yr	8	11	19	Black/ African American :	112	Unknown Ethnicity Patients	0
45-64 yr	22	29	51	Hawaiian /Pacific Islande	0	TOTAL:	139
65-74 yr	10	21	31	White:	24		
75 < yrs	13	25	38	Unknown:	0		
Total	53	86	139	TOTAL:	139		

### Ownership, Management and General Information

Cobblestone Dialysis Name: 836 Dundee Avenue

Address: Elgin City: Kane County: HSA: 10 14-2715 **Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Palestra Properties

Other Ownership:

**Medical Director Name:** Dr. Ravi Damaraju **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
CITATION IN CITATION	TAGILITY GIALLING TOLL TIME LEGITALETT

Authorized Stations as of 12/31/2014: 14 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 14 Regsitered Nurse: 5 **Peak Authorized Stations Operated:** 14 Dialysis Technician: 5 14 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	14	16	14	0	16	14
Number of Patients Treated	39	25	36	26	0	37	29

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 68 9.721 (Beginning patients) 832 **Number of Missed Treatments:** 

**Average Daily Treatments:** Patients treated as of 12/31/2014: 76

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 76 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY **USE RATE for the FACILITY New Patients:** 31 Recovered patients: 2 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 9 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 74% Patients Re-Started: 0 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 81% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 81% **Post-Transplant Patien** 1 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 40 90%

Patients deceased: 4 Total: 22

#### Patients and Net Revenue by Payor Source

Patient         59.2%         19.7%         7.9%         13.2%         0.0%         100.0%         0.0%           Patient         45         15         6         10         0         76         0           1/1/2014 to 12/31/2014         44.4%         9.2%         29.7%         2.2%         14.4%         100.0%         2.2%           Net Revenue         \$1,205.752         \$251.059         \$805.064         \$61.065         \$391.616         \$2.714.556         \$61.065		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
1/1/2014 <b>to</b> 12/31/2014 44.4% 9.2% 29.7% 2.2% 14.4% 100.0% 2.2%		59.2%	19.7%	7.9%	13.2%	0.0%	100.0%	0.0%
20170 21270 11170 1001070 21270	Patient	45	15	6	10	0	76	0
							100.0% <b>\$2,714,556</b>	2.2% \$61,065

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	40
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	36
15-44 yr	7	4	11	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	25	10	35	Hawaiian /Pacific Islande	0	TOTAL:	76
65-74 yr	7	6	13	White:	23		
75 < yrs	9	8	17	Unknown:	38		
Total	48	28	76	TOTAL:	76		

## Ownership, Management and General Information

Name:

**Medicare ID:** 

Community Dialysis of Harvey

Address:

16641 South Halsted Street

City: County: HSA:

Harvey Cook

14-2698

**Legal Entity Operator:** 

**Legal Entity Owner:** 

Total Renal Care

Limited Liability Company Ownership Type: **Property Owner:** LLL

Other Ownership:

William B. Evans **Medical Director Name: Provides Incenter Noctural Dialysis:** 

	MATION

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	32
Certified Stations by CMS:	18	Regsitered Nurse :	3
Peak Authorized Stations Operated:	18	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1
Isolation Stations Set up in Oct 1-7:	18	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	12	12	12	0	12	12	
Number of Patients Treated	32	28	32	28	0	32	28	

### **Facility Utilization Information**

**Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 69

(Beginning patients)

Patients treated as of 12/31/2014:

(Ending patients)

**Total Unduplicated patients** treated in calendar year:

### **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 9,325

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Number of Missed Treatments: Average Daily Treatments:** 

Average Treatment Time (min):

210.0

697

ADDITIONS to the FACILITY LOSSES to the FACILITY

New Patients:	14
Transient Patients:	0
Patients Re-Started:	1
Post-Transplant Patien	0
Total:	15

Recovered patients: **Transplant Recipients:** Patients transferred out: 13 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total: 22

63

84

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 16,848 Use Rate (Treatments/Treatment capacity): 55% **Use Rate (including Missed Treatments):** 59% Use Rate (Begining patients treated): 64% Use Rate (Year end Patients/Stations\*6): 58%

### Patients and Net Revenue by Payor Source

0

2

0

1

6

		Medicar	e Med	icaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		81.5	% 1	3.6%	4.9%	0.0%	0.0%	100.0%	3.7%
Patient		6	66	11	4	0	0	81	3
1/1/2014 <b>to</b> 1	2/31/2014	6.9	% 7	4.2%	0.0%	0.0%	18.9%	100.0%	1.3%
Net Revenue		\$249,203	\$2,676,9	959	\$0	\$0	\$682,814	\$3,608,975	\$46,610
<u>Pati</u>	ients by Ag	e and Sex			Patients by Race	<u>e</u>	<u>Par</u>	tients by Ethnicit	У
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	6
-14 vrs	Λ	Λ	0	Mative	American/Indian	٥	Non-Hienanic I	atino Pation	78

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	6
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	78
15-44 yr	13	3	16	Black/ African American :	77	Unknown Ethnicity Patients	0
45-64 yr	23	7	30	Hawaiian /Pacific Islande	0	TOTAL:	84
65-74 yr	8	19	27	White:	1		
75 < yrs	6	5	11	Unknown:	6		
Total	50	34	84	TOTAL:	84		

### Ownership, Management and General Information

Name: Concerto Dialysis LLC

Address: 14255 Cicero Avenue City: Crestwood

County: Cook
HSA: 9
Medicare ID: 14-2655

Legal Entity Operator: C

Concerto Dialysis LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Eclipse Kensington Properties LLC

Other Ownership:

Medical Director Name: Dr.JAMES RYDEL
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Regsitered Nurse :	4
Peak Authorized Stations Operated:	9	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	12	16	12	0	16	12
<b>Number of Patients Treated</b>	23	16	23	17	0	24	14

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 19 In-Center Treatments in calendar year: 6,232 (Beginning patients) Number of Missed Treatments: 498
Patients treated as of 12/31/2014: 498

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

300.0

Total Unduplicated patients 153 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>JILIIY</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	25	Recovered patients:	3	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	1	Patients transferred out:	117	Use Rate (including Missed Treatments):	80%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	35%
Total:	26	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	33%
		Patients deceased:	20		
		Total:	143		

### Patients and Net Revenue by Payor Source

		Medic	care I	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		59	.5%	2.6%	21.6%	0.0%	16.3%	100.0%	0.0%
Patient			91	4	33	0	25	153	0
1/1/2014 <b>to</b>	12/31/2014	53	.6%	3.1%	43.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$909,45	51 \$	52,540	\$735,480	\$0	\$0	\$1,697,471	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicity	Υ
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	26
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	101
15-44 vr	2	3	5	Black	/ African American :	95	Unknown Ethnie	city Patients	26

<del> </del>					<del>, =,</del>		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	26
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	101
15-44 yr	2	3	5	Black/ African American :	95	Unknown Ethnicity Patients	26
45-64 yr	16	18	34	Hawaiian /Pacific Islande	0	TOTAL:	153
65-74 yr	22	28	50	White:	56		
75 < yrs	38	26	64	Unknown:	0		
Total	78	75	153	TOTAL:	153		

### Ownership, Management and General Information

Name:

Country Hills Dialysis

Address: City:

4215 West 167th Street

County: HSA: 14-2575

**Medicare ID:** 

Country Club Hills

Cook

**Legal Entity Operator:** 

ISD Renal, Inc. fka DSI Renal, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type:

For Profit Corporation Stenstom

**Property Owner:** Other Ownership:

Dr. Kenneth Cline **Medical Director Name: Provides Incenter Noctural Dialysis:** 

	INFORM	

Authorized Stations as of 12/31/2014:	22	Full-Time Work Week:	40
Certified Stations by CMS:	22	Regsitered Nurse :	3
Peak Authorized Stations Operated:	22	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	11	16	11	0	16	11
Number of Patients Treated	55	34	52	38	0	52	38

### **Facility Utilization Information**

**Facility Reported Patient Information** 

97

102

139

(Beginning patients) Patients treated as of 12/31/2014:

(Ending patients)

Patients treated as of 1/1/2014:

**Total Unduplicated patients** treated in calendar year:

**Facility Reported Treatment Information** 

In-Center Treatments in calendar year: 13,777 **Number of Missed Treatments:** 3

**Average Daily Treatments:** 

Average Treatment Time (min): 215.0

ADDITIONS to the FACILITY

**New Patients:** 35 **Transient Patients:** 100 Patients Re-Started: 1 0 **Post-Transplant Patien** 136 Total:

LOSSES to the FACILITY Recovered patients: **Transplant Recipients:** Patients transferred out: 19 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total: 34

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 20,592 Use Rate (Treatments/Treatment capacity): 67% **Use Rate (including Missed Treatments):** 67% Use Rate (Begining patients treated): 73% Use Rate (Year end Patients/Stations\*6): 77%

### Patients and Net Revenue by Payor Source

2

2

6

0

5

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	72.7%	18.7%	7.9%	0.0%	0.7%	100.0%	0.0%
Patient	101	26	11	0	1	139	0
1/1/2014 <b>to</b> 12/31/2014	48.7%	3.6%	27.4%	0.3%	20.1%	100.0%	0.0%
Net Revenue	\$1,928,321	\$144,394	\$1,084,886	\$10,915	\$794,932	\$3,963,448	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	6	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	133	
15-44 yr	13	8	21	Black/ African American :	134	Unknown Ethnicity Patients	0	
45-64 yr	43	15	58	Hawaiian /Pacific Islande	0	TOTAL:	139	
65-74 yr	23	10	33	White:	5			
75 < yrs	12	15	27	Unknown:	0			
Total	91	48	139	TOTAL:	139			

### Ownership, Management and General Information

Name: Cowell Dialysis, LLC - DBA Lawndale Dialysis

Address: 3934 W. 24th St

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2768

Legal Entity Operator: Cowell Dialysis, LLC

Legal Entity Owner:

For Profit Corporation SDO Development, LLC

Property Owner:
Other Ownership:

Ownership Type:

Medical Director Name: Ogbonnaya Aneziokoro

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	40	
Certified Stations by CMS:	16	Regsitered Nurse :	1	
Peak Authorized Stations Operated:	16	Dialysis Technician :	4	
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	29	0	29	0	0	32	0

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 1 In-Center Treatments in calendar year: 3,314 (Beginning patients) Number of Missed Treatments: 337

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 193.0

Total Unduplicated patients 89 treated in calendar year:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO to the LAGIENT		LOCOLO LO LIIC I ACILITI		OOL KATE TOT THE T AGILLY	
New Patients:	45	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	44	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	22%
Patients Re-Started:	2	Patients transferred out:	55	Use Rate (including Missed Treatments):	24%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	1%
Total:	91	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	40%
		Patients deceased:	5		
		Total:	62		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	54.3%	28.4%	17.3%	0.0%	0.0%	100.0%	9.9%
Patient	44	23	14	0	0	81	8
1/1/2014 <b>to</b> 12/31/2014	35.8%	13.3%	40.1%	2.0%	8.8%	100.0%	2.0%
Net Revenue	\$381,750	\$142,235	\$427,687	\$21,240	\$93,435	\$1,066,346	\$21,240
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	Y

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	57
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	32
15-44 yr	11	7	18	Black/ African American :	32	Unknown Ethnicity Patients	0
45-64 yr	20	15	35	Hawaiian /Pacific Islande	0	TOTAL:	89
65-74 yr	11	10	21	White:	0		
75 < yrs	11	4	15	Unknown:	57		
Total	53	36	89	TOTAL:	89		

### Ownership, Management and General Information

Crystal Springs Dialysis Name:

Address: 720 Cog Circle Crystal Lake City: McHenry County: HSA:

8

14-2716

**Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Apex 720 LLC/Satish Patel

Other Ownership:

**Medical Director Name:** Sumit Rector **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION				
12	Full-Time Work Week:	40		
12	Regsitered Nurse :	5		
12	Dialysis Technician :	5		
12	Dietician :	1		
	12 12	12 Regsitered Nurse: 12 Dialysis Technician:		

**Authorized Stat** Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	12	15	12	0	15	12
Number of Patients Treated	29	23	32	34	0	34	22

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 55 8,405 (Beginning patients) **Number of Missed Treatments:** 36 **Average Daily Treatments:** Patients treated as of 12/31/2014:

53 (Ending patients) Average Treatment Time (min): 180.0

**Total Unduplicated patients** 108 treated in calendar year:

Total:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY** 

**New Patients:** 33 Recovered patients: 4 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 59 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 75% Patients Re-Started: 6 Patients transferred out: 12 **Use Rate (including Missed Treatments):** 75% 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 76% **Post-Transplant Patien** Patients lost to follow up: 3 Use Rate (Year end Patients/Stations\*6): 74% Total: 98 Patients deceased: 10

#### Patients and Net Revenue by Payor Source

33

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.0%	6.5%	17.8%	0.9%	2.8%	100.0%	0.9%
Patient	77	7	19	1	3	107	1
1/1/2014 <b>to</b> 12/31/2014	32.9%	3.4%	58.6%	0.0%	5.2%	100.0%	0.0%
Net Revenue	\$1,138,323	\$117,466	\$2,027,921	\$295	\$178,560	\$3,462,564	\$295
		i		i i			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	13
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	95
15-44 yr	4	3	7	Black/ African American :	5	Unknown Ethnicity Patients	0
45-64 yr	29	16	45	Hawaiian /Pacific Islande	0	TOTAL:	108
65-74 yr	16	18	34	White:	99		
75 < yrs	10	12	22	Unknown:	0		
Total	59	49	108	TOTAL:	108		

### Ownership, Management and General Information

Danville Dialysis Services LLC Name:

Address:

Danville City: Vermilion County:

HSA: 14-2625 **Medicare ID:** 

910 West Clay Street

**Legal Entity Operator: Legal Entity Owner:** 

Danville Dialysis Services, L.L.C.

Limited Liability Company Ownership Type: **Property Owner:** Brijnandan S. Sodhi

Other Ownership:

**Medical Director Name:** Brijnandan S. Sodhi **Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	19	Full-Time Work Week:	0
Certified Stations by CMS:	19	Regsitered Nurse :	9
Peak Authorized Stations Operated:	19	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	11	12	11	0	12	11
Number of Patients Treated	39	25	41	26	0	36	29

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 66 9,901 (Beginning patients) **Number of Missed Treatments:** 233 **Average Daily Treatments:** 

Patients treated as of 12/31/2014: 69 (Ending patients) **Average Treatment Time (min):** 192.0

**Total Unduplicated patients** 100 treated in calendar year:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	29	Recovered patients:	0	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	5	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	57%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	58%
Total:	34	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%

Patients deceased: 19 Total: 29

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	80.0%	5.0%	15.0%	0.0%	0.0%	100.0%	0.0%
Patient	80	5	15	0	0	100	0
1/1/2014 <b>to</b> 12/31/2014	60.1%	1.5%	38.0%	0.1%	0.2%	100.0%	0.0%
Net Revenue	\$1,764,896	\$44,713	\$1,115,870	\$3,552	\$5,761	\$2,934,791	\$0
Patients by Age	and Sex	İ	Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	3
	_			_			

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	97	
15-44 yr	11	2	13	Black/ African American :	37	Unknown Ethnicity Patients	0	
45-64 yr	17	13	30	Hawaiian /Pacific Islande	0	TOTAL:	100	
65-74 yr	12	10	22	White:	62			
75 < yrs	17	18	35	Unknown:	0			
Total	57	43	100	TOTAL:	100			

### Ownership, Management and General Information

Name: DaVita - Montvale

Address: 2930 Montvale Drive Suite A

City: Springfield County: Sangamon

**HSA**: 3

Medicare ID: 14-2590

**Legal Entity Operator:** 

Legal Entity Owner:

For Profit Corporation Marriott Properties

DVA Renal Healthcare, Inc.

Property Owner: Other Ownership:

Ownership Type:

Medical Director Name: Pradeep Mehta

Provides Incenter Noctural Dialvsis: 

✓

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
OTATION IN CRIMATION	TAGILITY OTAL TING - TOLL TIML EQUIVALENT

Authorized Stations as of 12/31/2014: 17 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 17 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 17 Dialysis Technician: 5 17 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 1 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	23	13	12	10	13	23	
Number of Patients Treated	33	36	32	25	10	34	34	

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 73 In-Center Treatments in calendar year: 10,217 (Beginning patients) Number of Missed Treatments: 415

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 123

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 29 Recovered patients: 0 Treatment Capacity/year (based on Stations): 15,912 **Transient Patients:** 21 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 64% Patients Re-Started: 0 Patients transferred out: 33 **Use Rate (including Missed Treatments):** 67% 3 Patients voluntarily discontinued 8 Use Rate (Begining patients treated): 72% **Post-Transplant Patien** 53 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 68% Patients deceased: 11

Total: 54

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	85.2%	3.3%	11.5%	0.0%	0.0%	100.0%	0.8%
Patient	104	4	14	0	0	122	1
1/1/2014 <b>to</b> 12/31/2014	40.6%	0.8%	36.0%	0.7%	21.9%	100.0%	0.7%
Net Revenue	\$1,259,155	\$25,618	\$1,117,130	\$22,420	\$678,294	\$3,102,618	\$22,420
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	120
15-44 yr	6	5	11	Black/ African American :	30	Unknown Ethnicity Patients	0
45-64 yr	28	16	44	Hawaiian /Pacific Islande	0	TOTAL:	123
65-74 yr	10	14	24	White:	92		
75 < yrs	29	15	44	Unknown:	0		
Total	73	50	123	TOTAL:	123		

We have a 4th shift on Tuesday and Thursdays - Nocturnal Program.

### Ownership, Management and General Information

Davita - Churchview Dialysis Name:

417 Ware Avenue Address:

Rockford City: Winnebago County:

HSA:

14-2640 Medicare ID:

**Legal Entity Operator:** 

Renal Treatment Centers Illinois

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** DYN417, LLC

Other Ownership:

**Medical Director Name:** Dr. Charles Sweeney

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION FA	<u> ACILITY STAFFING - FULL TIME EQUIVALENT</u>
------------------------	---

Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	9
Peak Authorized Stations Operated:	24	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
• • •		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17.5	14.5	17.5	14.5	0	17.5	14.5	
Number of Patients Treated	65	47	65	49	0	62	47	

### **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: 109 In-Center Treatments in calendar year: 17,047 (Beginning patients) **Number of Missed Treatments:** 1,335 **Average Daily Treatments:** Patients treated as of 12/31/2014:

116 (Ending patients) **Average Treatment Time (min):** 218.0

**Total Unduplicated patients** 192 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FAC	<u> </u>	LOSSES to the LACIEITI		OSE RATE IOI LITE FACILITY	
New Patients:	60	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	21	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	76%
Patients Re-Started:	1	Patients transferred out:	55	Use Rate (including Missed Treatments):	82%
Post-Transplant Patien	3	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	76%
Total:	85	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	81%
		Patients deceased:	16		
		Total:	78		

### Patients and Net Revenue by Payor Source

								Charity Care
Patient         153         17         14         7         1         193		79.7%	8.9%	7.3%	3.6%	0.5%	100.0%	0.0%
	ient	153	17	14	7	1	192	0
1/1/2014 <b>to</b> 12/31/2014 37.5% 2.1% 46.3% 0.3% 13.8% 100.0% <b>Net Revenue</b> \$3,957,941 \$221,461 \$4,890,967 \$36,381 \$1,456,642 <b>\$10,563,393</b>							100.0% <b>\$10,563,393</b>	<i>0.3%</i> \$36,381

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	22
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	169
15-44 yr	11	8	19	Black/ African American :	48	Unknown Ethnicity Patients	1
45-64 yr	45	21	66	Hawaiian /Pacific Islande	5	TOTAL:	192
65-74 yr	29	25	54	White:	133		
75 < yrs	23	30	53	Unknown:	1		
Total	108	84	192	TOTAL:	192		

### Ownership, Management and General Information

Name: DaVita - Decatur East Wood Address: 794 East Wood Street

City: Decatur
County: Macon
HSA: 4
Medicare ID: 14-2599

**Legal Entity Operator:** 

Total Renal Care INC

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: NAFA Real Estate LLC

Other Ownership:

Medical Director Name: Mohammed Hasnain Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	7
Peak Authorized Stations Operated:	18	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	2
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	30	32	28	34	0	31	35

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 59 In-Center Treatments in calendar year: 9,388 (Beginning patients) Number of Missed Treatments: 363
Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

Average Treatment Time (min): 198.0

Total Unduplicated patients 97 treated in calendar year:

Total:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ABBITTORE TO THE TATE	<u> </u>			<u> </u>	
New Patients:	29	Recovered patients:	0	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	9	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	58%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	55%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	12		

#### Patients and Net Revenue by Payor Source

31

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	88.7%	3.1%	5.2%	0.0%	3.1%	100.0%	0.0%
Patient	86	3	5	0	3	97	0
1/1/2014 <b>to</b> 12/31/2014	55.7%	3.8%	24.7%	0.3%	15.5%	100.0%	0.3%
Net Revenue	\$1,635,407	\$111,528	\$725,078	\$10,249	\$456,113	\$2,938,375	\$10,249

ace	Patients by Ethnicity	V
•		
0	Hispanic Latino Patients:	1
0	Non-Hispanic Latino Patien	96
58	Unknown Ethnicity Patients	0
0	TOTAL:	97
39		
0		
97		
	0 : 58 9 0 39	Non-Hispanic Latino Patien Unknown Ethnicity Patients TOTAL:

### Ownership, Management and General Information

Name: Davita - Dixon Kidney Center

Address: 1131 North Galena Avenue
City: Dixon
County: Lee

County: Lee HSA: 1 Medicare ID: 14-2651 Legal Entity Operator:

Renal Treatment Centers-Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Stenstrom Real Estate Development Group

Other Ownership:

Medical Director Name: Dr. Charles Sweeney
Provides Incenter Noctural Dialysis:

<b>STATION INFORMATION</b>	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Stations as of 12/31/2014:	8	Full-Time Work Week:	40

**Authorized St Certified Stations by CMS:** 8 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 2 8 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 1 0 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	9	16	9	0	16	9
Number of Patients Treated	18	7	18	8	0	18	8

### **Facility Utilization Information**

### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 25 In-Center Treatments in calendar year: 3,816 (Beginning patients) Number of Missed Treatments: 390 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 270.0

Total Unduplicated patients 53 treated in calendar year:

Total:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 17 Recovered patients: 6 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 13 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 51% Patients Re-Started: 0 Patients transferred out: 15 **Use Rate (including Missed Treatments):** 56% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 52% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 30 1 54% Patients deceased: 6

### Patients and Net Revenue by Payor Source

28

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	79.2%	7.5%	5.7%	0.0%	7.5%	100.0%	0.0%
Patient	42	4	3	0	4	53	0
1/1/2014 <b>to</b> 12/31/2014 <b>Net Revenue</b>	<i>57.1%</i> \$934,627	<i>3.4%</i> \$56,368	35.9% \$587,920	<i>0.7%</i> \$11,871	2.8% \$46,290	100.0% <b>\$1,637,076</b>	<i>0.7%</i> \$11,871

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	11	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	42	
15-44 yr	3	2	5	Black/ African American :	7	Unknown Ethnicity Patients	0	
45-64 yr	15	5	20	Hawaiian /Pacific Islande	0	TOTAL:	53	
65-74 yr	7	6	13	White:	35			
75 < yrs	12	3	15	Unknown:	11			
Total	37	16	53	TOTAL:	53			

### Ownership, Management and General Information

DaVita - Freeport Dialysis Unit Name:

1028 Kunkle Avenue Address:

Freeport City: Stephenson County:

HSA: **Medicare ID:** 

14-2642

**Legal Entity Owner:** Ownership Type: For Profit Corporation Edmund and Siham Totah **Property Owner:** 

Other Ownership:

**Legal Entity Operator:** 

**Medical Director Name:** Dr John Maynard **Provides Incenter Noctural Dialysis:** 

Renal Treatment Centers-Illinois, Inc

240.0

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014:	10	Full-Time Work Week:	40
Certified Stations by CMS:	10	Regsitered Nurse :	1
Peak Authorized Stations Operated:	10	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	9	14	8	0	14	9	
Number of Patients Treated	19	7	19	8	0	20	7	

### **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 29 4,251 (Beginning patients) **Number of Missed Treatments:** 221

**Average Daily Treatments:** Patients treated as of 12/31/2014: 30 (Ending patients) **Average Treatment Time (min):** 

**Total Unduplicated patients** 49

treated in calendar year:

#### **LOSSES to the FACILITY USE RATE for the FACILITY**

ADDITIONS to the FACILITY LOSSES to the FACILITY			<b>USE RATE for the FACILITY</b>		
New Patients:	18	Recovered patients:	1	Treatment Capacity/year (based on Stations):	9,360
Transient Patients:	6	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	45%
Patients Re-Started:	2	Patients transferred out:	10	Use Rate (including Missed Treatments):	48%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	48%
Total:	26	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	50%
		Patients deceased:	5		
		Total:	19		

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	87.5%	8.3%	2.1%	0.0%	2.1%	100.0%	2.1%
Patient	42	4	1	0	1	48	1
1/1/2014 <b>to</b> 12/31/2014	82.7%	5.7%	7.9%	1.3%	2.4%	100.0%	1.3%
Net Revenue	\$731,344	\$50,639	\$69,540	\$11,520	\$21,072	\$884,114	\$11,520

	Ψ. σ.,σ.	. 40	φοσ,σ.σ	Ψ,σ=σ	Ψ=:,σ:=	φοσ-, 11-	Ψ11,020
ients by Ag	ge and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	
MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino	Patients:	6
0	0	0	Native American/ Indian:	0	Non-Hispanic L	atino Patien	43
2	2	4	Black/ African American :	15	Unknown Ethni	city Patients	0
14	6	20	Hawaiian /Pacific Islande	0	TOTAL:		49
5	7	12	White:	34			
3	10	13	Unknown:	0			
24	25	49	TOTAL:	49			
	MALE 0 2 14 5 3	ients by Age and Sex  MALE FEMALE  0 0 2 2 14 6 5 7 3 10	ients by Age and Sex           MALE         FEMALE         TOTAL           0         0         0           2         2         4           14         6         20           5         7         12           3         10         13	ients by Age and Sex  MALE FEMALE TOTAL Asian Patients:  0 0 0 0 Native American/ Indian: 2 2 4 Black/ African American: 14 6 20 Hawaiian /Pacific Islande 5 7 12 White: 3 10 13 Unknown:	ients by Age and Sex         Patients by Race           MALE         FEMALE         TOTAL         Asian Patients:         0           0         0         0         Native American/ Indian:         0           2         2         4         Black/ African American:         15           14         6         20         Hawaiian /Pacific Islande         0           5         7         12         White:         34           3         10         13         Unknown:         0	MALE         FEMALE         TOTAL         Asian Patients:         0         Hispanic Latino           0         0         0         Native American/ Indian:         0         Non-Hispanic Latino           2         2         4         Black/ African American:         15         Unknown Ethnic           14         6         20         Hawaiian /Pacific Islande         0         TOTAL:           5         7         12         White:         34           3         10         13         Unknown:         0	Patients by Age and Sex   Patients by Race   Patients by Ethnicity

CTATION INFORMATION

### Ownership, Management and General Information

Name: DaVita - Lake County Dialysis Ctr

Address: 565 Lakeview Parkway STE 176
City: Vernon Hills
County: Lake

HSA: 8
Medicare ID: 14-2552

Legal Entity Operator:

Total Renal Care Inc.

THE TIME COLUMN AL CALL

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Globe Corporation

Other Ownership:

Medical Director Name: Donald Steinmuller Provides Incenter Noctural Dialysis: ✓

EACH ITY STAFFING

STATION INFORMATION		FACILITY STAFFING - FULL TIME	EQUIVALENT
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		I DN .	0

 Isolation Stations Set up in Oct 1-7:
 1
 Social Worker:
 1

 (subset of authorized stations)
 LPN:
 0

 Number of Shifts Operated per day
 Other Health:
 0

 Other Non-Health:
 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	19	18.5	19	18.5	0	19	18.5
Number of Patients Treated	40	23	42	26	0	43	26

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 71 In-Center Treatments in calendar year: 10,916 (Beginning patients) Number of Missed Treatments: 272
Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min): 257.0

Total Unduplicated patients 131 treated in calendar year:

DDITIONS to the FACILITY I OSSES to the FACILITY

# ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 35 Recovered patients: 1 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 26 **Transplant Recipients:** 6 Use Rate (Treatments/Treatment capacity): 73% Patients Re-Started: 1 Patients transferred out: 57 **Use Rate (including Missed Treatments):** 75% 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 74% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 69% Total: 62

Patients deceased: 9
Total: 77

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	80.8%	1.5%	14.6%	0.0%	3.1%	100.0%	0.8%
Patient	105	2	19	0	4	130	1
1/1/2014 <b>to</b> 12/31/2014	53.7%	1.1%	37.6%	0.0%	7.6%	100.0%	0.0%
Net Revenue	\$1,811,058	\$35,907	\$1,267,589	\$885	\$255,397	\$3,370,837	\$885
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У
AGE GROUPS MALE	FEMALE TOT	AL Asiar	Patients:	4	Hispanic Latino	Patients:	21
.4.4	0	O Natio		4	Nam Illamania I	atina Datian	440

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	21
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	110
15-44 yr	11	6	17	Black/ African American :	19	Unknown Ethnicity Patients	0
45-64 yr	27	18	45	Hawaiian /Pacific Islande	2	TOTAL:	131
65-74 yr	20	11	31	White:	84		
75 < yrs	24	14	38	Unknown:	21		
Total	82	49	131	TOTAL:	131		

### Ownership, Management and General Information

Name: DaVita - Lincoln Park Dialysis Center

Address: 3157 N. Lincoln Avenue

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2528

Legal Entity Operator:

Lincoln Park Dialysis Service, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Imperial Realty

Other Ownership:

Medical Director Name: Melvin K. Roseman Provides Incenter Noctural Dialysis:

STATION INFORMATION FACILITY	TY STAFFING - FULL TIME EQUIVALENT
------------------------------	------------------------------------

Authorized Stations as of 12/31/2014: 22 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 22 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 22 Dialysis Technician: 8 22 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 0 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	0	14	14	
Number of Patients Treated	46	45	48	45	0	47	44	

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 100 In-Center Treatments in calendar year: 13,863 (Beginning patients) Number of Missed Treatments: 722 Average Daily Treatments:

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 270.0

Total Unduplicated patients 165

treated in calendar year:

ADDITIONS to the	FACILITY 1	LOSSES to the FACILITY		USE RATE for the FACILITY
New Patients:	20	Recovered patients:	1	Treatment Capacity/year (based on Stations):

20,592 **Transient Patients:** 12 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 67% Patients Re-Started: 3 Patients transferred out: 47 Use Rate (including Missed Treatments): 71% 2 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 76% **Post-Transplant Patien** 37 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 4 79%

> Patients deceased: 12 Total: 67

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	76.1%	18.4%	4.3%	0.0%	1.2%	100.0%	1.2%
Patient	124	30	7	0	2	163	2
1/1/2014 to 12/31/2014 Net Revenue	<i>62.2%</i> \$2,032,992	10.7% \$349,034	<i>15.9%</i> \$519,528	1.2% \$40,120	<i>10.0%</i> \$327,410	100.0% <b>\$3,269,084</b>	1.2% \$40,120

nts by Ag	e and Sex		Patients by Race		Patients by	Ethnicity	
MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	10	Hispanic Latino Patient	s:	36
0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Pa	itien	126
15	9	24	Black/ African American :	63	Unknown Ethnicity Pati	ents	3
37	29	66	Hawaiian /Pacific Islande	3	TOTAL:		165
29	15	44	White:	86			
18	13	31	Unknown:	3			
99	66	165	TOTAL:	165			
	MALE 0 15 37 29 18	0 0 15 9 37 29 29 15 18 13	MALE         FEMALE         TOTAL           0         0         0           15         9         24           37         29         66           29         15         44           18         13         31	MALE         FEMALE         TOTAL         Asian Patients:           0         0         0         Native American/ Indian:           15         9         24         Black/ African American:           37         29         66         Hawaiian /Pacific Islande           29         15         44         White:           18         13         31         Unknown:	MALE         FEMALE         TOTAL         Asian Patients:         10           0         0         0         Native American/ Indian:         0           15         9         24         Black/ African American:         63           37         29         66         Hawaiian /Pacific Islande         3           29         15         44         White:         86           18         13         31         Unknown:         3	MALE FEMALE TOTAL Asian Patients: 10 Hispanic Latino Patient 0 0 0 0 Native American/ Indian: 0 Non-Hispanic Latino Patient 15 9 24 Black/ African American: 63 Unknown Ethnicity Pati 37 29 66 Hawaiian / Pacific Islande 3 TOTAL: 29 15 44 White: 86 18 13 31 Unknown: 3	MALE FEMALE TOTAL Asian Patients: 10 Hispanic Latino Patients: Non-Hispanic Latino Patient Non-Hispanic Latino Patient Non-Hispanic Latino Patien Unknown Ethnicity Patients  10 Hispanic Latino Patient Non-Hispanic Latino Patien Unknown Ethnicity Patients  11 Hispanic Latino Patient Non-Hispanic Latino Patient Unknown Ethnicity Patients  12 TOTAL:  13 Unknown: 3

### Ownership, Management and General Information

DaVita - Little Village Dialysis Name: 2335 W. Cermak Road

Address: Chicago City: Cook County:

HSA: 6 14-2668 **Medicare ID:** 

Total Renal Care **Legal Entity Operator:** 

**Legal Entity Owner:** 

For Profit Corporation Crystal Realty Co.

210.0

Ownership Type: **Property Owner:** Other Ownership:

Dr. Ogbonnaya Aneziokoro **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	STATION INFORMATION		
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	2
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	0	14	14	
Number of Patients Treated	38	33	37	35	0	36	34	

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 12,740 94 (Beginning patients) 339 **Number of Missed Treatments:** 

**Average Daily Treatments:** Patients treated as of 12/31/2014: 87 **Average Treatment Time (min):** (Ending patients)

**Total Unduplicated patients** 143

treated in calendar year:

LOGGEO ( - 1) - EAGULITY	

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY New Patients:** 26 Recovered patients: 1 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 21 **Transplant Recipients:** 7 Use Rate (Treatments/Treatment capacity): 85% Patients Re-Started: Patients transferred out: 21 **Use Rate (including Missed Treatments):** 87% 1 **Post-Transplant Patien** Patients voluntarily discontinued Use Rate (Begining patients treated): 98% 1 Patients lost to follow up: 2 Use Rate (Year end Patients/Stations\*6): 91% Total: Patients deceased: 3

Total: 35

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.6%	26.4%	4.3%	0.0%	0.7%	100.0%	2.1%
Patient	96	37	6	0	1	140	3
1/1/2014 <b>to</b> 12/31/2014	44.7%	15.4%	21.0%	3.4%	15.5%	100.0%	3.4%
Net Revenue	\$1,530,853	\$528,889	\$721,004	\$115,711	\$530,651	\$3,427,108	\$115,711
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TO	ΓAL Asian	Patients:	0	Hispanic Latino	Patients:	108
	_			_			

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	108	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	35	
15-44 yr	12	9	21	Black/ African American :	30	Unknown Ethnicity Patients	0	
45-64 yr	48	19	67	Hawaiian /Pacific Islande	0	TOTAL:	143	
65-74 yr	20	18	38	White:	113			
75 < yrs	9	8	17	Unknown:	0			
Total	89	54	143	TOTAL:	143			

## Ownership, Management and General Information

DaVita - Logan Square Dialysis Name:

2659 North Milwaukee Address:

Chicago City: Cook County: HSA: 6 14-2534 **Medicare ID:** 

Total Renal Care **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Kendrew Development

Other Ownership:

**Medical Director Name:** Dr. Kap No

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	40	
Certified Stations by CMS:	28	Regsitered Nurse :	5	
Peak Authorized Stations Operated:	24	Dialysis Technician :	7	
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	1	
		Other Non-Health:	3	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	62	48	67	49	0	59	55

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 17,726 119 (Beginning patients) 891 **Number of Missed Treatments:** 

**Average Daily Treatments:** Patients treated as of 12/31/2014: 122

(Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 218 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

## **USE RATE for the FACILITY**

Recovered patients: **New Patients:** 58 6 Treatment Capacity/year (based on Stations): 26,208 **Transient Patients:** 33 **Transplant Recipients:** 6 Use Rate (Treatments/Treatment capacity): 68% Patients Re-Started: 2 Patients transferred out: 39 **Use Rate (including Missed Treatments):** 71% Patients voluntarily discontinued Use Rate (Begining patients treated): 71% **Post-Transplant Patien** 1 1 94 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 1 73% Patients deceased: 14

Total: 67

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	51.5%	21.4%	14.3%	4.1%	8.7%	100.0%	11.2%
Patient	101	42	28	8	17	196	22
1/1/2014 <b>to</b> 12/31/2014	45.3%	11.6%	25.9%	7.5%	9.6%	100.0%	7.5%
Net Revenue	\$2,133,265	\$547,509	\$1,219,585	\$352,710	\$452,922	\$4,705,990	\$352,710

Net Nevenue		ΨΖ, 133,200	, ψο-ι	7,509 \$1,219,505	ψ552,7 10	ψ <del>4</del> 32,322	\$4,703,990	ψ332,7 10
Patients by Age and Sex			Patients by Ra	Patients by Race			L	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	8	Hispanic Latin	o Patients:	134
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic I	_atino Patien	84
15-44 yr	9	20	29	Black/ African American :	41	Unknown Ethn	icity Patients	0
45-64 yr	25	61	86	Hawaiian /Pacific Islande	3	TOTAL:		218
65-74 yr	17	29	46	White:	166			
75 < yrs	23	34	57	Unknown :	0			
Total	74	144	218	TOTAL:	218			

### Ownership, Management and General Information

Name: DaVita - Macon County

Address: 1090 West McKinley Avenue
City: Decatur
County: Macon
HSA: 4
Medicare ID: 14-2584

**Legal Entity Operator:** 

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: DVA Renal Healthcare, Inc.

Other Ownership:

Medical Director Name: Mohammad Hasnain Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>			
Authorized Stations as of 12/31/2014:	23	Full-Time Work Week:	40	
Certified Stations by CMS:	23	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	23	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	23	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
			_	

 Isolation Stations Set up in Oct 1-7:
 0
 Social Worker:
 0

 (subset of authorized stations)
 LPN:
 0

 Number of Shifts Operated per day
 Other Health:
 1

 Other Non-Health:
 3

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	39	38	39	37	0	42	38

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 74 In-Center Treatments in calendar year: 11,737 (Beginning patients) Number of Missed Treatments: 466
Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

270.0

Total Unduplicated patients 122 treated in calendar year:

treated in outeridar year.

# ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 43 Recovered patients: 1 Treatment Capacity/year (based on Stations): 21,528 **Transient Patients:** 9 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 55% Patients Re-Started: 0 Patients transferred out: 22 Use Rate (including Missed Treatments): 57% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 54% **Post-Transplant Patien** 1 53 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 62% Patients deceased: 18

Total: 41

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	88.2%	6.7%	3.4%	0.0%	1.7%	100.0%	2.5%
Patient	105	8	4	0	2	119	3
1/1/2014 <b>to</b> 12/31/2014	62.4%	2.5%	22.4%	0.1%	12.7%	100.0%	0.1%
Net Revenue	\$1,830,741	\$72,926	\$656,530	\$2,655	\$371,883	\$2,934,736	\$2,655
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	122	
15-44 yr	8	3	11	Black/ African American :	54	Unknown Ethnicity Patients	0	
45-64 yr	26	18	44	Hawaiian /Pacific Islande	0	TOTAL:	122	
65-74 yr	24	16	40	White:	68			
75 < yrs	20	7	27	Unknown:	0			
Total	78	44	122	TOTAL:	122			

### Ownership, Management and General Information

Name: DaVita - Monteclare Dialysis Center

Address: 7009 West Belmont

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2649

Legal Entity Operator:

: Total Renal Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Robert & Gladys Olsen

Other Ownership:

Medical Director Name: Kenneth Kuznetsky
Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014: 16 **Full-Time Work Week:** 36 **Certified Stations by CMS:** 16 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 16 Dialysis Technician: 8 16 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 16 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: Λ 3 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	14	14	14	0	14	14
Number of Patients Treated	42	33	48	36	0	44	37

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 87 In-Center Treatments in calendar year: 12,483 (Beginning patients) Number of Missed Treatments: 190

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 324.0

Total Unduplicated patients 105

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 37 Recovered patients: 2 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 21 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 83% Patients Re-Started: 2 Patients transferred out: 28 Use Rate (including Missed Treatments): 85% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 91% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 61 0 88% Patients deceased: 9

Total: 41

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	46.9%	13.5%	17.7%	0.0%	21.9%	100.0%	9.4%
Patient	45	13	17	0	21	96	9
1/1/2014 to 12/31/2014 Net Revenue	39.7% \$1,678,265	3.8% \$158,800	<i>4</i> 3.8% \$1,850,877	<i>5.1%</i> \$215,055	7.7% \$325,457	100.0% <b>\$4,228,454</b>	<i>5.1%</i> \$215,055

Net Nevenue		\$1,070,200	<b>φ</b> ις	φ1,650,67	π φ213,033	φ323,437	<b>\$4,220,434</b>	φ2 13,033
<u>Pat</u>	tients by A	ge and Sex		Patients by Race Patients by Ethnicity				<u>.</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latin	o Patients:	41
<14 yrs	0	0	0	Native American/ Indi	<b>an:</b> 0	Non-Hispanic	Latino Patien	40
15-44 yr	11	11	22	Black/ African Americ	an: 26	Unknown Ethn	icity Patients	24
45-64 yr	32	16	48	Hawaiian /Pacific Isla	nde 1	TOTAL:		105
65-74 yr	12	9	21	White:	51			
75 < yrs	9	5	14	Unknown:	24			
Total	64	41	105	TOTAL:	105			
						1		

### Ownership, Management and General Information

DaVita - Schaumburg Renal Center Name:

1156 South Roselle Road Address:

Schaumburg City: Cook County: HSA: 14-2654 Medicare ID:

**Legal Entity Operator:** 

ISD Schaumburg, LLC fka DSI Schaumburg, LLC

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Targo Management Inc.

Other Ownership:

**Medical Director Name:** Dr. George Hvostik **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME E</u>	<u> QUIVALENT</u>	
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	40

**Certified Stations by CMS:** 20 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 20 Dialysis Technician: 8 20 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: Λ 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14.5	14.5	14.5	14.5	0	14.5	14.5	
Number of Patients Treated	35	33	36	32	0	38	32	

### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

11,083 Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 73 (Beginning patients) **Number of Missed Treatments:** 96 **Average Daily Treatments:** Patients treated as of 12/31/2014:

73 (Ending patients) **Average Treatment Time (min):** 210.0

**Total Unduplicated patients** 136 treated in calendar year:

ADDITIONS to the FACILITY

LOSSES to the FACILITY **USE RATE for the FACILITY New Patients:** 27 Recovered patients: 1 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 36 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 59% Patients Re-Started: 3 Patients transferred out: 14 **Use Rate (including Missed Treatments):** 60% 0 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 61% **Post-Transplant Patien** Patients lost to follow up: 3 Use Rate (Year end Patients/Stations\*6): Total: 66 61% Patients deceased: 2

Total: 29

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.6%	5.9%	15.6%	0.7%	2.2%	100.0%	0.7%
Patient	102	8	21	1	3	135	1
1/1/2014 to 12/31/2014 Net Revenue	<i>53.0%</i> \$1,675,622	<i>5.7%</i> \$181,042	<i>31.4%</i> \$992,791	1.3% \$40,415	8.7% \$274,360	100.0% <b>\$3,164,230</b>	1.3% \$40,415

ts by Ag	<u>e and Sex</u>		Patients by Race	<u>)</u>	Patients by Ethnicity		
<b>IALE</b>	FEMALE	TOTAL	Asian Patients:	21	Hispanic Latino	Patients:	21
0	0	0	Native American/ Indian:	0	Non-Hispanic L	atino Patien	113
12	6	18	Black/ African American :	21	Unknown Ethn	icity Patients	2
33	21	54	Hawaiian /Pacific Islande	0	TOTAL:		136
16	14	30	White:	92			
19	15	34	Unknown:	2			
80	56	136	TOTAL:	136			
	ALE 0 12 33 16 19	ALE FEMALE 0 0 12 6 33 21 16 14 19 15	ALE         FEMALE         TOTAL           0         0         0           12         6         18           33         21         54           16         14         30           19         15         34	ALE         FEMALE         TOTAL         Asian Patients:           0         0         0         Native American/ Indian:           12         6         18         Black/ African American:           33         21         54         Hawaiian /Pacific Islande           16         14         30         White:           19         15         34         Unknown:	ALE         FEMALE         TOTAL         Asian Patients:         21           0         0         0         Native American/ Indian:         0           12         6         18         Black/ African American:         21           33         21         54         Hawaiian /Pacific Islande         0           16         14         30         White:         92           19         15         34         Unknown:         2	ALE         FEMALE         TOTAL         Asian Patients:         21         Hispanic Lating           0         0         0         Native American/ Indian:         0         Non-Hispanic L           12         6         18         Black/ African American:         21         Unknown Ethnic           33         21         54         Hawaiian /Pacific Islande         0         TOTAL:           16         14         30         White:         92           19         15         34         Unknown:         2	ALE FEMALE TOTAL Asian Patients: 21 Hispanic Latino Patients: Native American/ Indian: 0 Non-Hispanic Latino Patien Unknown Ethnicity Patients  33 21 54 Hawaiian / Pacific Islande 0 TOTAL:  16 14 30 White: 92  19 15 34 Unknown: 2

N/A

## Ownership, Management and General Information

Name: DaVita - Springfield Central
Address: 932 North Rutledge Street

City: Springfield Sangamon

**HSA:** 3 **Medicare ID:** 14-2586

Legal Entity Operator:

DVA Renal Healthcare Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Memorial Medical Center

Other Ownership:

Medical Director Name: Ashraf Tamizuddin Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	21	Full-Time Work Week:	40
Certified Stations by CMS:	21	Regsitered Nurse :	5
Peak Authorized Stations Operated:	21	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	21	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	11	15	11	0	15	11
Number of Patients Treated	46	33	47	31	0	43	33

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 80 In-Center Treatments in calendar year: 11,416 (Beginning patients) Number of Missed Treatments: 787

Patients treated as of 12/31/2014:

Average Daily Treatments:

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 225.0

Total Unduplicated patients 139 treated in calendar year:

treated in Calendar year.

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ILIII	LUGGES to the PACILITY		USE RATE IOI LITE FACILITY	
35	Recovered patients:	1	Treatment Capacity/year (based on Stations):	19,656
23	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	58%
0	Patients transferred out:	37	Use Rate (including Missed Treatments):	62%
1	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	63%
59	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	67%
	Patients deceased:	10		
	35 23 0 1	35 Recovered patients: 23 Transplant Recipients: 0 Patients transferred out: 1 Patients voluntarily discontinued 59 Patients lost to follow up:	35 Recovered patients: 1 23 Transplant Recipients: 1 0 Patients transferred out: 37 1 Patients voluntarily discontinued 6 59 Patients lost to follow up: 0	Recovered patients: 1 Treatment Capacity/year (based on Stations): Use Rate (Treatments/Treatment capacity): Use Rate (including Missed Treatments): Patients voluntarily discontinued 6 Use Rate (Begining patients treated): Patients lost to follow up: 0 Use Rate (Year end Patients/Stations*6):

Total: 55

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	80.9%	5.9%	6.6%	0.0%	6.6%	100.0%	2.2%
Patient	110	8	9	0	9	136	3
1/1/2014 <b>to</b> 12/31/2014	53.0%	3.1%	16.9%	0.8%	26.2%	100.0%	0.8%
Net Revenue	\$1,549,591	\$89,335	\$494,211	\$24,780	\$765,825	\$2,923,742	\$24,780
Patients by Age	and Sex		Patients by Rac	<u>e</u>	Pat	tients by Ethnicit	v

		ψ.,σ.σ,σσ		ψ.σ., <u>=</u>	<del>+</del> = -,	*	ΨΞ,ΘΞΘ,: :Ξ	Ψ= 1,1 00
Patients by Age and Sex			Patients by Race	Patients by Ethnicity				
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic L	atino Patien	138
15-44 yr	4	10	14	Black/ African American :	55	Unknown Ethn	icity Patients	1
45-64 yr	28	36	64	Hawaiian /Pacific Islande	1	TOTAL:		139
65-74 yr	18	16	34	White:	82			
75 < yrs	13	14	27	Unknown:	1			
Total	63	76	139	TOTAL:	139			

## Ownership, Management and General Information

Name: DaVIta - Stony Creek Address: 9115 S. Cicero

14-2661

City: Oak Lawn
County: Cook
HSA: 7

**Medicare ID:** 

Legal Entity Operator:

Legal Entity Owner:

Ownership Type: For Profit Corporation

Renal Life Link

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Property Owner: Ali Kutom

Other Ownership:

Medical Director Name: James Rydel
Provides Incenter Noctural Dialysis:

CTATION	INFORMATION	

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	14	15	14	0	15	14
Number of Patients Treated	35	25	34	23	0	36	26

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 64 In-Center Treatments in calendar year: 9,270 (Beginning patients) Number of Missed Treatments: 214

Patients treated as of 12/31/2014:

59

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 73 treated in calendar year:

**LOSSES to the FACILITY** ADDITIONS to the FACILITY **USE RATE for the FACILITY** Recovered patients: **New Patients:** 3 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 18 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 83% Patients Re-Started: 1 Patients transferred out: 36 **Use Rate (including Missed Treatments):** 84% 2 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 89% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 82% Total: 1

Patients deceased: 19
Total: 67

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.4%	2.8%	22.2%	0.0%	5.6%	100.0%	1.4%
Patient	50	2	16	0	4	72	1
1/1/2014 <b>to</b> 12/31/2014	42.0%	1.6%	48.3%	0.1%	8.0%	100.0%	0.1%
Net Revenue	\$1,411,402	\$54,337	\$1,620,416	\$4,720	\$267,389	\$3,358,264	\$4,720
		i i		İ			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	15
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	58
15-44 yr	2	2	4	Black/ African American :	27	Unknown Ethnicity Patients	0
45-64 yr	17	10	27	Hawaiian /Pacific Islande	0	TOTAL:	73
65-74 yr	12	11	23	White:	45		
75 < yrs	9	10	19	Unknown:	0		
Total	40	33	73	TOTAL:	73		

### Ownership, Management and General Information

Name: Davita - Sycamore Address: 2200 Gateway Drive

City: Sycamore
County: DeKalb
HSA: 1
Medicare ID: 14-2639

Legal Entity Operator:

Dialysis of Northern Illinois, LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Patricia DeNarde 1989 Trust

Other Ownership:

Medical Director Name: Michael Robertson Provides Incenter Noctural Dialysis:

STATION INFORMATION	
---------------------	--

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	0
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	15	17	15	0	17	15
Number of Patients Treated	27	20	31	20	0	32	19

### **Facility Utilization Information**

Facility Reported Patient Information

Patients treated as of 1/1/2014: 51
(Beginning patients)

Patients treated as of 12/31/2014: 56
(Ending patients)

Total Unduplicated patients 93 treated in calendar year:

**Facility Reported Treatment Information** 

In-Center Treatments in calendar year: 7,997
Number of Missed Treatments: 320

Average Daily Treatments:

Average Treatment Time (min): 210.0

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:24Transient Patients:15Patients Re-Started:0Post-Transplant Patien0Total:39

LOSSES to the FACILITY

Recovered patients: 2

Transplant Recipients: 0

Patients transferred out: 26

Patients voluntarily discontinued 1

Patients lost to follow up: 0

Patients deceased: 9

Total: 38

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):

Use Rate (Treatments/Treatment capacity):

Use Rate (including Missed Treatments):

Use Rate (Begining patients treated):

Use Rate (Year end Patients/Stations\*6):

71%

### Patients and Net Revenue by Payor Source

Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
78.3%	6.5%	12.0%	0.0%	3.3%	100.0%	1.1%
72	6	11	0	3	92	1
36.3%	2.0%	52.9%	0.1%	8.7%	100.0%	0.1%
\$1,139,482	\$63,943	\$1,662,618	\$1,770	\$274,141	\$3,141,954	\$1,770
	78.3% 72	78.3% 6.5% 72 6 36.3% 2.0%	78.3%     6.5%     12.0%       72     6     11       36.3%     2.0%     52.9%	78.3% 6.5% 12.0% 0.0% 72 6 11 0 36.3% 2.0% 52.9% 0.1%	78.3%     6.5%     12.0%     0.0%     3.3%       72     6     11     0     3       36.3%     2.0%     52.9%     0.1%     8.7%	78.3%         6.5%         12.0%         0.0%         3.3%         100.0%           72         6         11         0         3         92           36.3%         2.0%         52.9%         0.1%         8.7%         100.0%

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	2
15-44 yr	5	6	11	Black/ African American :	14	Unknown Ethnicity Patients	86
45-64 yr	14	11	25	Hawaiian /Pacific Islande	0	TOTAL:	93
65-74 yr	15	9	24	White:	72		
75 < yrs	19	14	33	Unknown:	7		
Total	53	40	93	TOTAL:	93		

# Ownership, Management and General Information

Name: Davita - Whiteside Dialysis
Address: 2600 North Locust Street

City: Sterling
County: Whiteside

**Authorized Stations** 

**HSA:** 1 **Medicare ID:** 14-2648

**Legal Entity Operator:** 

Renal Treatment Centers Illinois Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: CGH Medical Center

Other Ownership:

Medical Director Name: Deane Charba

Provides Incenter Noctural Dialysis:

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME EQ</b>	UIVALENT
s as of 12/31/2014:	15	Full-Time Work Week:	32

**Certified Stations by CMS:** 15 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 15 Dialysis Technician: 5 15 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16.2	13	16.5	13	0	16.5	13	
Number of Patients Treated	36	21	38	19	0	38	23	

## **Facility Utilization Information**

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 57 In-Center Treatments in calendar year: 9,313 (Beginning patients) Number of Missed Treatments: 214 Average Daily Treatments: 44.0.0 Average Treatment Time (min): 240.0

Total Unduplicated patients 90 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 28 Recovered patients: 2 Treatment Capacity/year (based on Stations): 14,040 **Transient Patients:** 6 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 66% Patients Re-Started: 5 Patients transferred out: 16 **Use Rate (including Missed Treatments):** 68% 2 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 63% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 71% Patients deceased: 7 Total: 29

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	79.8%	10.1%	7.9%	0.0%	2.2%	100.0%	1.1%
Patient	71	9	7	0	2	89	1
1/1/2014 <b>to</b> 12/31/2014	60.1%	5.6%	17.9%	1.0%	15.3%	100.0%	1.0%
Net Revenue	\$2,676,959	\$249,203	\$796,838	\$46,610	\$682,813	\$4,452,423	\$46,610
		1		1			

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	16
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	42
15-44 yr	8	4	12	Black/ African American :	3	Unknown Ethnicity Patients	32
45-64 yr	13	14	27	Hawaiian /Pacific Islande	0	TOTAL:	90
65-74 yr	10	11	21	White:	53		
75 < yrs	14	16	30	Unknown:	32		
Total	45	45	90	TOTAL:	90		

## Ownership, Management and General Information

Name: DaVita Emerald Dialysis Address: 710 West 43rd Street

City: Chicago County: Cook HSA: 6 Medicare ID: 14-2529 **Legal Entity Operator:** Davita

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: J and D Property Venture

240.0

Other Ownership:

Medical Director Name: Edwin Cook

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>

Authorized Stations as of 12/31/2014: 24 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 24 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 24 Dialysis Technician: 15 24 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 1 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	62	42	64	43	0	69	44

### Facility Utilization Information

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 116 In-Center Treatments in calendar year: 16,914 (Beginning patients) Number of Missed Treatments: 1,491 Patients treated as of 12/31/2014: 117 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min):

184

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 18 Recovered patients: 1 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 20 **Transplant Recipients:** 7 Use Rate (Treatments/Treatment capacity): 75% Patients Re-Started: 2 Patients transferred out: 49 **Use Rate (including Missed Treatments):** 82% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 81% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 42 0 81%

Patients deceased: 13
Total: 70

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	60.3%	21.2%	4.5%	2.8%	11.2%	100.0%	2.8%
Patient	108	38	8	5	20	179	5
1/1/2014 <b>to</b> 12/31/2014	56.8%	9.0%	17.6%	2.4%	14.2%	100.0%	2.4%
Net Revenue	\$2,467,012	\$390,476	\$765,858	\$104,725	\$615,982	\$4,344,053	\$104,725

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	22
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	161
15-44 yr	28	10	38	Black/ African American :	149	Unknown Ethnicity Patients	1
45-64 yr	55	38	93	Hawaiian /Pacific Islande	0	TOTAL:	184
65-74 yr	17	12	29	White:	12		
75 < yrs	7	17	24	Unknown:	23		
Total	107	77	184	TOTAL:	184		

# Ownership, Management and General Information

Name:

**DAVITA Hazel Crest** 

Address:

City:

Hazel Crest

14-2622

Cook County: HSA:

Medicare ID:

3470 West 183rd Street

ISD RENAL INC AKA DSI RENAL INC

**Legal Entity Operator: Legal Entity Owner:** 

Ownership Type:

For Profit Corporation

**Property Owner:** RESOLUTION PROPERTY SERVICES

Other Ownership:

**Medical Director Name:** DR. DANIEL YOHAY **Provides Incenter Noctural Dialysis: ✓** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
GITTING IN CITIMITY IN CITIMIT	TAGILITY OTAL THE TOLL THE LEGITALIZATION

Authorized Stations as of 12/31/2014:	19	Full-Time Work Week:	18
Certified Stations by CMS:	19	Regsitered Nurse :	4
Peak Authorized Stations Operated:	19	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	21.75	14.5	21.75	14.5	0	21.75	14.5
Number of Patients Treated	47	42	49	45	0	53	42

## **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 115 (Beginning patients) **Number of Missed Treatments:** 

14,843 780

TOTAL

**Charity Care** 

Patients treated as of 12/31/2014:

103

**Average Daily Treatments:** 

**Private Pav** 

(Ending patients)

178

**Average Treatment Time (min):** 270.0

Other Public

**Total Unduplicated patients** 

treated in calendar year:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	25	Recovered patients:	0	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	60	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	1	Patients transferred out:	0	Use Rate (including Missed Treatments):	88%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	101%
Total:	86	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	90%
		Patients deceased:	12		

Total: 12

Medicaid

Medicare

# Patients and Net Revenue by Payor Source

**Private Insurance** 

						-			•
		81.4	1%	6.2%	11.9%	0.0%	0.6%	100.0%	0.6%
Patient		1.	44	11	21	0	1	177	1
1/1/2014 <b>to</b> 1	12/31/2014	47.6	5%	0.9%	37.1%	0.7%	13.7%	100.0%	0.7%
Net Revenue		\$2,222,153	3 \$4	1,429	\$1,730,487	\$34,810	\$638,100	\$4,666,980	\$34,810
Pat	ients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	0	Hispanic Latino	Patients:	10
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic La	atino Patien	168
15-44 yr	30	8	38	Black/ A	African American :	151	Unknown Ethnic	city Patients	0
45-64 yr	41	28	69	Hawaiia	n /Pacific Islande	0	TOTAL:		178
65-74 yr	14	22	36	White:		27			
75 < yrs	11	24	35	Unknow	vn :	0			
Total	96	82	178	TOTAL:		178			

# Ownership, Management and General Information

Name: Davita Morris Dialysis Center

Address: 1551 Creek Drive

City: Morris
County: Grundy
HSA: 9
Medicare ID: 14-2740

Legal Entity Operator:

Legal Entity Owner:

Total Renal Care, Inc.

Ownership Type: For Profit Corporation Property Owner: Keith W Jaeschke

Other Ownership:

Medical Director Name: Teresa Z. Majka-Kravets

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	9	Full-Time Work Week:	32	
Certified Stations by CMS:	9	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	9	Dialysis Technician :	2	
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	0	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	12	12	12	12	12	12	
Number of Patients Treated	20	14	20	16	0	20	16	

## **Facility Utilization Information**

<u>Facility Reported Patient Information</u>
<u>Facility Reported Treatment Information</u>

Patients treated as of 1/1/2014: 36 In-Center Treatments in calendar year: 5,211 (Beginning patients) Number of Missed Treatments: 139
Patients treated as of 12/31/2014: Average Daily Treatments: 4

(Ending patients) 35 Average Treatment Time (min): 3.0

(Ending patients)

Total Unduplicated patients

59

Total:

Total Unduplicated patients 5 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

**New Patients:** 17 Recovered patients: 3 Treatment Capacity/year (based on Stations): 8,424 **Transient Patients:** 4 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 62% Patients Re-Started: 1 Patients transferred out: 12 **Use Rate (including Missed Treatments):** 64% **Post-Transplant Patien** 0 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 67% 22 Patients lost to follow up: 3 Use Rate (Year end Patients/Stations\*6): 65% Total: Patients deceased: 5

# Patients and Net Revenue by Payor Source

28

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	79.3%	1.7%	19.0%	0.0%	0.0%	100.0%	1.7%
Patient	46	1	11	0	0	58	1
1/1/2014 <b>to</b> 12/31/2014	2.5%	61.3%	10.0%	24.9%	1.3%	100.0%	1.3%
Net Revenue	\$36,980	\$890,038	\$144,950	\$360,934	\$19,470	\$1,452,371	\$19,470
Patients by Age a	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	56
15-44 yr	3	1	4	Black/ African American :	5	Unknown Ethnicity Patients	0
45-64 yr	12	3	15	Hawaiian /Pacific Islande	0	TOTAL:	59
65-74 yr	7	15	22	White:	54		
75 < yrs	10	8	18	Unknown:	0		
Total	32	27	59	TOTAL:	59		

# Ownership, Management and General Information

Name: DaVita Mount Greenwood Dialysis

Address: 3401 W. 111th Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2660

**Legal Entity Operator:** 

Renal Treatment Centers Illinois

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Amvest Investors Inc

Other Ownership:

Medical Director Name: Mohamad Barakat, MD Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	39	35	42	41	0	44	38

## **Facility Utilization Information**

# Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 80 In-Center Treatments in calendar year: 12,126 (Beginning patients) Number of Missed Treatments: 1,525 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 131 treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>/                                     </u>	LUGGES to the FACILITY		OSE RATE TOT THE FACILITY	
New Patients:	40	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	10	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	0	Patients transferred out:	29	Use Rate (including Missed Treatments):	91%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	83%
Total:	51	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	93%
		Patients deceased:	8		
		Total:	43		

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	90.6%	6.3%	3.1%	0.0%	0.0%	100.0%	2.3%
Patient	116	8	4	0	0	128	3
1/1/2014 <b>to</b> 12/31/2014	66.3%	2.0%	14.4%	0.1%	17.1%	100.0%	0.1%
Net Revenue	\$1,974,928	\$60,766	\$428,839	\$4,130	\$510,617	\$2,979,280	\$4,130
Patients by A	ge and Sex		Patients by Rac	<u>:e</u>	<u>Pa</u>	tients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TO	TAL Asiar	n Patients:	0	Hispanic Latino	Patients:	7
-11110	0	O Motiv	a American/Indian	0	Non Hisponia I	otino Botion	124

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	124
15-44 yr	10	14	24	Black/ African American :	113	Unknown Ethnicity Patients	0
45-64 yr	22	28	50	Hawaiian /Pacific Islande	0	TOTAL:	131
65-74 yr	18	24	42	White:	18		
75 < yrs	7	8	15	Unknown:	0		
Total	57	74	131	TOTAL:	131		

# Ownership, Management and General Information

Name: DaVita Olympia Fields Dialysis Center

Address: 4557 Lincoln Highway

City: Matteson
County: Cook
HSA: 7
Medicare ID: 14-2548

Legal Entity Operator:

Total Renal Care BDA Olympia Fields Davita Dialysi

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Joseph Freed and Associates

Other Ownership:

Medical Director Name: Don L Hollingsworth Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
•	-

Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Regsitered Nurse :	4
Peak Authorized Stations Operated:	24	Dialysis Technician :	12
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	12	16	12	0	16	12
Number of Patients Treated	49	39	50	38	0	53	41

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 107 In-Center Treatments in calendar year: 14,429 (Beginning patients) Number of Missed Treatments: 555
Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

210.0

Total Unduplicated patients 196

Total:

treated in calendar year:

## ADDITIONS to the FACILITY | LOSSES to the FACILITY | LISE RATE for the FACILITY

ILII I	LUSSES to the PACILITY		USE RATE IOI LITE FACILITY	
48	Recovered patients:	4	Treatment Capacity/year (based on Stations):	22,464
44	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	64%
0	Patients transferred out:	85	Use Rate (including Missed Treatments):	67%
1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	74%
93	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%
	Patients deceased:	14		
	48 44 0 1	48 Recovered patients: 44 Transplant Recipients: 0 Patients transferred out: 1 Patients voluntarily discontinued 93 Patients lost to follow up:	48 Recovered patients: 4 44 Transplant Recipients: 5 0 Patients transferred out: 85 1 Patients voluntarily discontinued 2 93 Patients lost to follow up: 0	48 Recovered patients: 4 Treatment Capacity/year (based on Stations): 44 Transplant Recipients: 5 Use Rate (Treatments/Treatment capacity): 45 O Patients transferred out: 85 Use Rate (including Missed Treatments): 46 D Use Rate (Begining patients treated): 47 O Use Rate (Year end Patients/Stations*6):

# Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.6%	2.6%	7.2%	0.0%	4.6%	100.0%	1.0%
Patient	166	5	14	0	9	194	2
1/1/2014 to 12/31/2014 Net Revenue	<i>4</i> 3.7% \$1,906,850	3.5% \$152,407	<i>31.2%</i> \$1,362,119	0.5% \$23,895	<i>21.1%</i> \$918,675	100.0% <b>\$4,363,946</b>	0.5% \$23,895

110

Not nevenue		ψ1,500,050	γ ψιο	ν2,407 ψ1,302,113	Ψ20,000	ψ510,075	φ4,303,340	Ψ20,000
Patients by Age and Sex			Patients by Ra	ce	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latin	o Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic I	Latino Patien	189
15-44 yr	8	5	13	Black/ African American :	168	Unknown Ethn	icity Patients	2
45-64 yr	37	53	90	Hawaiian /Pacific Islande	0	TOTAL:		196
65-74 yr	26	20	46	White:	23			
75 < yrs	24	23	47	Unknown:	2			
Total	95	101	196	TOTAL:	196			
				I		1		

# Ownership, Management and General Information

DaVita Stony Island Dialysis Name: 8725 S. Stony Island Avenue Address:

Chicago City: Cook County: HSA: 6 14-2718 **Medicare ID:** 

Total Renal Care **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** First Western Properties

Other Ownership:

Nicole Stankus, MD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Regsitered Nurse :	7
Peak Authorized Stations Operated:	24	Dialysis Technician :	14
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	16	18	16	0	18	16	
Number of Patients Treated	63	63	70	65	0	70	58	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 150 20.569 (Beginning patients) **Number of Missed Treatments:** 2,555 **Average Daily Treatments:** Patients treated as of 12/31/2014:

137 (Ending patients) Average Treatment Time (min): 225.0

**Total Unduplicated patients** 181

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 33 Recovered patients: 3 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 9 **Transplant Recipients:** 13 Use Rate (Treatments/Treatment capacity): 92% Patients Re-Started: 1 Patients transferred out: 32 **Use Rate (including Missed Treatments):** 103% Patients voluntarily discontinued 1 Use Rate (Begining patients treated): 104% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 95% Total: 1

> Patients deceased: 11 Total: 61

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	73.9%	12.8%	13.3%	0.0%	0.0%	100.0%	0.6%
Patient	133	23	24	0	0	180	1
1/1/2014 <b>to</b> 12/31/2014	52.2%	3.2%	34.8%	0.1%	9.7%	100.0%	0.1%
Net Revenue	\$3,199,178	\$198,120	\$2,129,613	\$3,835	\$593,039	\$6,123,784	\$3,835
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	¥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	179
15-44 yr	20	17	37	Black/ African American :	178	Unknown Ethnicity Patients	0
45-64 yr	35	39	74	Hawaiian /Pacific Islande	0	TOTAL:	181
65-74 yr	15	23	38	White:	3		
75 < yrs	12	20	32	Unknown:	0		
Total	82	99	181	TOTAL:	181		

# Ownership, Management and General Information

DaVita TRC Children's Dialysis Name:

1333 N Kingsbury Street Address: Chicago City:

Cook County: HSA: 6 14-2604 **Medicare ID:** 

**Legal Entity Operator:** Total Renal Care

**Legal Entity Owner:** 

For Profit Corporation

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Ownership Type: **Property Owner:** Everbury Partners c/o Structured Development LLC

Other Ownership:

**Medical Director Name:** Dr Craig Langman **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION
---------------------

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	4
Peak Authorized Stations Operated:	6	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	6	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	0	10	10
Number of Patients Treated	9	7	9	8	0	8	7

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 1,812 O (Beginning patients) **Number of Missed Treatments:** 2

**Average Daily Treatments:** Patients treated as of 12/31/2014: 17

(Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 31 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY

<b>ADDITIONS</b> to the FAC	ILITY	<b>LOSSES to the FACILITY</b>		<b>USE RATE for the FACILITY</b>	
New Patients:	27	Recovered patients:	2	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	1	Transplant Recipients:	8	Use Rate (Treatments/Treatment capacity):	24%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	24%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	0%
Total:	28	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	35%
		Patients deceased:	0		
		Total:	10		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	23.3%	50.0%	26.7%	0.0%	0.0%	100.0%	3.3%
Patient	7	15	8	0	0	30	1
1/1/2014 <b>to</b> 12/31/2014	17.1%	10.5%	70.5%	0.6%	1.3%	100.0%	0.6%
Net Revenue	\$245,110	\$150,880	\$1,008,947	\$8,260	\$18,752	\$1,431,949	\$8,260
Patients by Age	and Sex		Patients by Race	!	<u>Pat</u>	tients by Ethnicity	<u> </u>
GE GROUPS MALE	FEMALE TO	ΓΔI Δsian	Patients:	0	Hisnanic Latino	Patients:	7

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	7
<14 yrs	9	3	12	Native American/ Indian:	0	Non-Hispanic Latino Patien	24
15-44 yr	13	6	19	Black/ African American :	10	Unknown Ethnicity Patients	0
45-64 yr	0	0	0	Hawaiian /Pacific Islande	0	TOTAL:	31
65-74 yr	0	0	0	White:	21		
75 < yrs	0	0	0	Unknown:	0		
Total	22	9	31	TOTAL:	31		

Please note from Jan - end of April 2014, our patients and team were temporary relocated to a different facility. Our unt moved into our new facility in May, so our treatment numbers and other data reflects that. Our new facility address is: 1333 N. Kingsbury Street Chicago, II 60642 312-642-2631 fax 312-642-2695

## Ownership, Management and General Information

Name: Dixon Dialysis Center, LLC
Address: Dixon Dialysis Center, LLC

City: Dixon
County: Lee
HSA: 1
Medicare ID: 14-2645

**Legal Entity Operator:** 

Dixon Dialysis Center, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Katherine Shaw Beathea Hospital

Other Ownership:

Medical Director Name: Rajesh Alla, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		<u> FACILITY STAFFING - FULL TIME EQUIVAI</u>			
s as of 12/21/2014:	Ω	Full-Time Work Week	10		

Authorized Stations as of 12/31/2014: 40 Full-Time Work Week: **Certified Stations by CMS:** 8 Regsitered Nurse: 1 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 3 8 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health : 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	21	0	22	0	0	22	0

## **Facility Utilization Information**

#### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 23 In-Center Treatments in calendar year: 3,299 (Beginning patients) Number of Missed Treatments: 70 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min): 210.0

Total Unduplicated patients 29 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 5 Recovered patients: 0 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 0 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 44% Patients Re-Started: 0 Patients transferred out: 4 **Use Rate (including Missed Treatments):** 45% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 48% **Post-Transplant Patien** 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 0 44% Patients deceased: 3

## Patients and Net Revenue by Payor Source

7

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	72.4%	3.4%	24.1%	0.0%	0.0%	100.0%	0.0%
Patient	21	1	7	0	0	29	0
1/1/2014 to 12/31/2014 Net Revenue	<i>63.0%</i> \$602,085	3.5% \$33,723	33.4% \$319,325	<i>0.0%</i> \$0	<i>0.0%</i> \$0	100.0% <b>\$955,133</b>	<i>0.0%</i> \$0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	27	
15-44 yr	1	0	1	Black/ African American :	0	Unknown Ethnicity Patients	0	
45-64 yr	13	3	16	Hawaiian /Pacific Islande	0	TOTAL:	29	
65-74 yr	5	2	7	White:	29			
75 < yrs	2	3	5	Unknown:	0			
Total	21	8	29	TOTAL:	29			

# Ownership, Management and General Information

1808 SOUTH WEST AVE

Name: Driftwood Dialysis

City: FREEPORT County: Stephenson

HSA: 1 Medicare ID: 1

Address:

1 14-2747 **Legal Entity Operator:** 

Freeport Bay Dialysis, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Frontier RealEstate Investment co.

Other Ownership:

Medical Director Name: Farhan Khan
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME E</u>	<u>QUIVALENT</u>
	 	_

Authorized Stations as of 12/31/2014:	10	Full-Time Work Week:	40
Certified Stations by CMS:	10	Regsitered Nurse :	1
Peak Authorized Stations Operated:	10	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	6	14	6	0	14	6
Number of Patients Treated	28	9	27	9	0	29	8

## **Facility Utilization Information**

# Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 32 In-Center Treatments in calendar year: 4,928 (Beginning patients) Number of Missed Treatments: 709
Patients treated as of 12/31/2014: 48 Average Daily Treatments: 4,928
Average Daily Treatments: 4,928
Average Treatment Time (min): 200.0

Total Unduplicated patients 62 treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LAC	<u>/  L                                    </u>	LOCOLO LO LIIC I ACILITI		OOE RATE TOT THE TAGIETT	
New Patients:	21	Recovered patients:	2	Treatment Capacity/year (based on Stations):	9,360
Transient Patients:	11	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	53%
Patients Re-Started:	0	Patients transferred out:	23	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	2	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	53%
Total:	34	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	2		
		Total:	28		

## Patients and Net Revenue by Payor Source

80.6%         3.2%         12.9%         0.0%         3.2%         100.0%         0.0%           Patient         50         2         8         0         2         62         0           1/1/2014 to 12/31/2014         53.2%         2.1%         32.1%         0.0%         12.6%         100.0%         0.0%           Net Revenue         \$896,983         \$35,976         \$540,303         \$0         \$211,887         \$1,685,149         \$0		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
1/1/2014 <b>to</b> 12/31/2014 53.2% 2.1% 32.1% 0.0% 12.6% 100.0% 0.0%		80.6%	3.2%	12.9%	0.0%	3.2%	100.0%	0.0%
	Patient	50	2	8	0	2	62	0

		+ , -	·	-, +,	* -	¥ 7 <b>¥ -,, -</b>	* -
<u>Pa</u>	tients by A	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	0
15-44 yr	5	2	7	Black/ African American :	16	Unknown Ethnicity Patients	60
45-64 yr	15	6	21	Hawaiian /Pacific Islande	0	TOTAL:	62
65-74 yr	5	11	16	White:	43		
75 < yrs	8	10	18	Unknown:	2		
Total	33	29	62	TOTAL:	62		

# Ownership, Management and General Information

DSI - Arlington Heights Name: 17 West Golf Road Address:

Arlington Heights City:

Cook County: HSA: **Medicare ID:** 14-2628 **Legal Entity Operator:** DBA

**Legal Entity Owner:** 

For Profit Corporation Ownership Type:

**Property Owner:** George Frigelis/Arlington Venturs

Other Ownership:

**Medical Director Name:** George Hvostik MD **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	4
Peak Authorized Stations Operated:	18	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	12	15	12	0	15	12
Number of Patients Treated	38	19	41	18	0	39	17

## **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 8,930 66 (Beginning patients) **Number of Missed Treatments:** 614 **Average Daily Treatments:** Patients treated as of 12/31/2014:

64 (Ending patients) **Average Treatment Time (min):** 280.0

**Total Unduplicated patients** 64 treated in calendar year:

ADDITIONS to the FAC	<u> ILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	30	Recovered patients:	0	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	60	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	53%
Patients Re-Started:	0	Patients transferred out:	71	Use Rate (including Missed Treatments):	57%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	61%
Total:	90	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	59%
		Patients deceased:	11		

11 Total: 88

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	90.6%	1.6%	7.8%	0.0%	0.0%	100.0%	0.0%
Patient	58	1	5	0	0	64	0
1/1/2014 <b>to</b> 12/31/2014	3.1%	65.7%	24.9%	0.1%	6.2%	100.0%	0.1%
<b>Net Revenue</b> \$73,733 \$1,561		\$1,561,627	\$591,452	\$1,475	\$148,454	\$2,376,741	\$1,475
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	14	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	62
15-44 yr	3	4	7	Black/ African American :	2	Unknown Ethnicity Patients	0
45-64 yr	12	13	25	Hawaiian /Pacific Islande	0	TOTAL:	64
65-74 yr	5	4	9	White:	46		
75 < yrs	15	8	23	Unknown:	2		
Total	35	29	64	TOTAL:	64		

# Ownership, Management and General Information

DSI - Waukegan Name:

1616 N. Grand Avenue Address: Waukegan

City: Lake County: HSA: 8 14-2577 **Medicare ID:** 

**Legal Entity Operator:** 

ISD RENAL INC. FKA DSI RENAL ,INC.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner: FGFGF** 

Other Ownership:

**Medical Director Name:** Dr. Kan Yang Lin **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	
---------------------	--

Authorized Stations as of 12/31/2014:	22	Full-Time Work Week:	40
Certified Stations by CMS:	22	Regsitered Nurse :	5
Peak Authorized Stations Operated:	22	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	51	50	55	51	0	58	50

## **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** Patients treated as of 1/1/2014: 103 In-Center Treatments in calendar year: 15,314

(Beginning patients) **Number of Missed Treatments:** 627 **Average Daily Treatments:** Patients treated as of 12/31/2014:

117 (Ending patients) Average Treatment Time (min): 222.0

**Total Unduplicated patients** 142 treated in calendar year:

ADDITIONS to the FACILITY

#### LOSSES to the FACILITY **USE RATE for the FACILITY New Patients:** Recovered patients: 0 Treatment Capacity/year (based on Stations): 20,592 **Transient Patients:** 18 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 74% Patients Re-Started: 1 Patients transferred out: 42 **Use Rate (including Missed Treatments):** 77% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 78% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 89% Total: 72

Patients deceased: 14 Total: 58

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	77.8%	3.0%	15.6%	0.0%	3.7%	100.0%	5.2%
Patient	105	4	21	0	5	135	7
1/1/2014 <b>to</b> 12/31/2014	59.8%	3.0%	24.5%	0.0%	12.7%	100.0%	1.2%
Net Revenue	\$2,420,778	\$121,853	\$993,570	\$0	\$512,946	\$4,049,147	\$49,265
Detients by Are	and Cav	Ī	Detients by Book		Det	lianta bu Ethniait	

		Ψ=, .= σ,	* * -	4000,010	**	₩0.=,0.0	Ψ 1,0 10,1 11	Ψ.0,=00
Patients by Age and Sex			Patients by Race	Patients by Ethnicity				
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	3	Hispanic Latino	Patients:	38
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic L	atino Patien	104
15-44 yr	14	7	21	Black/ African American :	68	Unknown Ethni	city Patients	0
45-64 yr	45	20	65	Hawaiian /Pacific Islande	0	TOTAL:	-	142
65-74 yr	12	10	22	White:	71			
75 < yrs	20	14	34	Unknown:	0			
Total	91	51	142	TOTAL:	142			

# Ownership, Management and General Information

1291 West Dundee Road

Name: DSI Buffalo Grove

City: Buffalo Grove

County: Cook HSA: 7 Medicare ID: 14-2650

Address:

Legal Entity Operator:

ISD Buffalo Grove, LLC fka DSI Buffalo Grove LLC

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Amalgamated Bank of Chicago

Other Ownership:

Medical Director Name: Dr. George Hvostik
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME E</u>	<u>QUIVALENT</u>

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	30
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15.5	10.5	15.5	10.5	0	15.5	10.5	
Number of Patients Treated	33	25	36	23	0	36	26	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 60 In-Center Treatments in calendar year: 8,979 (Beginning patients) Number of Missed Treatments: 125

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 210.0

Total Unduplicated patients 90 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>/                                     </u>	LOSSES to the I ACIEIT I		USE RATE TOT THE PACIENT	
New Patients:	21	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	29	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	60%
Patients Re-Started:	0	Patients transferred out:	47	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	63%
Total:	51	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	68%
		Patients deceased:	4		
		Total:	58		

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	83.1%	3.4%	11.2%	0.0%	2.2%	100.0%	1.1%
Patient	74	3	10	0	2	89	1
1/1/2014 <b>to</b> 12/31/2014	48.2%	0.3%	35.7%	4.4%	11.4%	100.0%	4.4%
Net Revenue	\$1,330,227	\$7,584	\$984,156	\$120,655	\$314,340	\$2,756,961	\$120,655
		1		1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	11	Hispanic Latino Patients:	16
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	74
15-44 yr	13	0	13	Black/ African American :	8	Unknown Ethnicity Patients	0
45-64 yr	13	10	23	Hawaiian /Pacific Islande	0	TOTAL:	90
65-74 yr	18	6	24	White:	54		
75 < yrs	21	9	30	Unknown:	16		
Total	65	25	90	TOTAL:	90		

# Ownership, Management and General Information

**DSI Loop Renal Center** Name:

1101 South Canal Street Address: Chicago City:

Cook County: HSA: 6 14-2505 **Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation NI Hiffman

**Property Owner:** Other Ownership:

Dr. Sheldon Hirsch **Medical Director Name: Provides Incenter Noctural Dialysis:** 

	ION	ATIO	ORM	INF	ΓΙΟΝ	STAT
--	-----	------	-----	-----	------	------

Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	40
Certified Stations by CMS:	28	Regsitered Nurse :	3
Peak Authorized Stations Operated:	28	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1
Isolation Stations Set up in Oct 1-7:	2	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	12	12	12	0	12	12	
Number of Patients Treated	42	39	42	44	0	43	43	

## **Facility Utilization Information**

**Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 106 (Beginning patients)

Patients treated as of 12/31/2014:

(Ending patients)

**Total Unduplicated patients** treated in calendar year:

**Facility Reported Treatment Information** 

In-Center Treatments in calendar year: 14,193 **Number of Missed Treatments:** 1,160

**Average Daily Treatments:** 

Average Treatment Time (min): 240.0

**LOSSES to the FACILITY** ADDITIONS to the FACILITY **USE RATE for the FACILITY** 

**New Patients:** 42 **Transient Patients:** 51 Patients Re-Started: 3 **Post-Transplant Patien** 1 97 Total:

Recovered patients: **Transplant Recipients:** Patients transferred out: 93 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total: 107

97

214

Treatment Capacity/year (based on Stations): 26,208 Use Rate (Treatments/Treatment capacity): 54% **Use Rate (including Missed Treatments):** 59% Use Rate (Begining patients treated): 63% Use Rate (Year end Patients/Stations\*6): 58%

#### Patients and Net Revenue by Payor Source

1

2

1

1

9

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	66.3%	4.1%	20.9%	5.1%	3.6%	100.0%	9.2%
Patient	130	8	41	10	7	196	18
1/1/2014 <b>to</b> 12/31/2014	47.7%	7.0%	33.1%	1.2%	10.9%	100.0%	1.2%
Net Revenue	\$1,984,885	\$293,265	\$1,377,538	\$50,160	\$454,282	\$4,160,129	\$50,160
Patients by Age and Sev			Patients by Pac		Dat	tients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	19
<14 yrs	4	1	5	Native American/ Indian:	0	Non-Hispanic Latino Patien	188
15-44 yr	25	18	43	Black/ African American :	144	Unknown Ethnicity Patients	7
45-64 yr	54	29	83	Hawaiian /Pacific Islande	0	TOTAL:	214
65-74 yr	21	23	44	White:	54		
75 < yrs	20	19	39	Unknown:	7		
Total	124	90	214	TOTAL:	214		

# Ownership, Management and General Information

Name: DSI Renal Services - Scottsdale

Address: 4651 West 79th Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2518

Legal Entity Operator: DSI Renal

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: A&R Katz

Other Ownership:

Medical Director Name: Kelly Guglielmi MD Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014: 36 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 36 Regsitered Nurse: 9 **Peak Authorized Stations Operated:** 36 Dialysis Technician: 18 36 2 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 2 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 2 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	18	14	0	18	18
Number of Patients Treated	82	62	81	57	0	80	59

## **Facility Utilization Information**

#### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 145 In-Center Treatments in calendar year: 21,119 (Beginning patients) Number of Missed Treatments: 1,317

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 147

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 46 Recovered patients: 2 Treatment Capacity/year (based on Stations): 33,696 **Transient Patients:** 5 **Transplant Recipients:** 9 Use Rate (Treatments/Treatment capacity): 63% Patients Re-Started: 3 Patients transferred out: 21 Use Rate (including Missed Treatments): 67% 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 67% **Post-Transplant Patien** 54 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 1 68% Patients deceased: 18

Total: 53

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	81.6%	9.5%	8.8%	0.0%	0.0%	100.0%	0.0%
Patient	120	14	13	0	0	147	0
1/1/2014 <b>to</b> 12/31/2014	68.2%	5.4%	26.1%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$4,211,946	\$331,288	\$1,613,205	\$23,757	\$0	\$6,180,196	\$0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	31	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	116	
15-44 yr	8	3	11	Black/ African American :	75	Unknown Ethnicity Patients	0	
45-64 yr	33	21	54	Hawaiian /Pacific Islande	0	TOTAL:	147	
65-74 yr	21	23	44	White:	37			
75 < yrs	15	23	38	Unknown:	31			
Total	77	70	147	TOTAL:	147			

# Ownership, Management and General Information

Edwardsville Dialysis Name: 235 South Buchanan Address:

Edwardsville City: Madison County: HSA: 11 14-2701 **Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care, Inc.

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** Spark Realty, LLC

Other Ownership:

**Medical Director Name:** Felicia Bentley **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	11	14	11	0	14	11
Number of Patients Treated	18	13	18	14	0	17	12

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 30 4,722 (Beginning patients) **Number of Missed Treatments:** 343

**Average Daily Treatments:** Patients treated as of 12/31/2014: 30 **Average Treatment Time (min):** (Ending patients) 223.0

**Total Unduplicated patients** 60

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	18	Recovered patients:	4	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	11	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	63%
Patients Re-Started:	1	Patients transferred out:	18	Use Rate (including Missed Treatments):	68%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	63%
Total:	30	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	5		
		Total:	30		

## Patients and Net Revenue by Payor Source

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		80	.0%	5.0%	10.0%	0.0%	5.0%	100.0%	0.0%
Patient			48	3	6	0	3	60	0
1/1/2014 <b>to</b>	12/31/2014	37	.3%	0.5%	39.6%	0.0%	22.7%	100.0%	0.0%
Net Revenue		\$621,92	23	\$8,084	\$660,420	\$0	\$378,927	\$1,669,354	\$0
<u>Pa</u>	tients by Ag	e and Sex		İ	Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	¥
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	60
15-44 yr	1	2	3	Black	d African American :	15	Unknown Ethni	city Patients	0
45-64 yr	17	9	26	Hawa	iian /Pacific Islande	0	TOTAL:		60
65-74 yr	6	11	17	White	e:	45			
75 < yrs	9	5	14	Unkn	own :	0			
Total	33	27	60	TOTA	AL:	60			

## Ownership, Management and General Information

Name: Effingham Dialysis

Address: 904 Medical Park Drive
City: Effingham
County: Effingham

**HSA:** 5 **Medicare ID:** 14-2580

**Legal Entity Operator:** 

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: HSHS Medical Group Inc.

Other Ownership:

Medical Director Name: Dr. Bashar Alzahabi
Provides Incenter Noctural Dialysis:

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME E</b>	QUIVALENT
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	30

30 **Certified Stations by CMS:** 16 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 16 Dialysis Technician: 3 16 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 1 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	12	12	12	0	12	12	
Number of Patients Treated	24	17	26	21	0	26	18	

## **Facility Utilization Information**

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 49 In-Center Treatments in calendar year: 6,717 (Beginning patients) Number of Missed Treatments: 469 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 79 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 37 Recovered patients: 2 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 4 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 45% Patients Re-Started: 2 Patients transferred out: 42 **Use Rate (including Missed Treatments):** 48% 2 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 51% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 45 46% Patients deceased: 16 Total: 66

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	88.6%	0.0%	6.3%	0.0%	5.1%	100.0%	0.0%
Patient	70	0	5	0	4	79	0
1/1/2014 <b>to</b> 12/31/2014	63.4%	0.8%	24.7%	0.0%	11.1%	100.0%	0.0%
Net Revenue	\$1,348,786	\$17,532	\$525,679	\$0	\$236,232	\$2,128,229	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	2
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	77
15-44 yr	1	3	4	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	7	6	13	Hawaiian /Pacific Islande	0	TOTAL:	79
65-74 yr	20	16	36	White:	79		
75 < yrs	15	11	26	Unknown:	0		
Total	43	36	79	TOTAL:	79		

# Ownership, Management and General Information

**Evanston Renal Center** Name:

1922 Dempster Address:

Evanston City: Cook County:

HSA: Medicare ID: 14-2511 **Legal Entity Operator:** 

**Evanston Dialysis Center** 

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

For Profit Corporation Ownership Type:

**Property Owner:** Schwab Realty and Development

Other Ownership:

**Medical Director Name:** Whalid Ghantous **Provides Incenter Noctural Dialysis:** 

CTATION	INFORMATION	
SIAIIOR	N INFORNATION	

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	3
Peak Authorized Stations Operated:	18	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	11	16	11	0	16	11
Number of Patients Treated	34	22	39	23	0	41	22

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 9,166 57 (Beginning patients) **Number of Missed Treatments:** 187

**Average Daily Treatments:** Patients treated as of 12/31/2014: 68

(Ending patients) **Average Treatment Time (min):** 210.0

**Total Unduplicated patients** 115 treated in calendar year:

**ADDITIONS to the FACILITY LOSSES to the FACILITY** 

# **USE RATE for the FACILITY**

New Patients:	40	Recovered patients:	0	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	17	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	54%
Patients Re-Started:	1	Patients transferred out:	38	Use Rate (including Missed Treatments):	56%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	53%
Total:	58	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%

Patients deceased: 14 Total: 54

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.0%	24.1%	8.9%	0.0%	0.0%	100.0%	2.7%
Patient	75	27	10	0	0	112	3
1/1/2014 <b>to</b> 12/31/2014	9.2%	47.1%	24.3%	5.2%	14.1%	100.0%	5.2%
Net Revenue	\$221,971	\$1,141,980	\$590,109	\$127,145	\$342,419	\$2,423,624	\$127,145

		Ψ== . , σ	Ψ.,	.,000	Ψ.Ξ.,ο	¥ - 1=, 1 · · ·	ΨΞ, ΙΞΟ,ΟΞ Ι	Ψ.=.,ο
Patients by Age and Sex			Patients by Race	Patients by Ethnicity				
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	11	Hispanic Latino	Patients:	23
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic L	atino Patien	92
15-44 yr	8	4	12	Black/ African American :	59	Unknown Ethni	city Patients	0
45-64 yr	25	20	45	Hawaiian /Pacific Islande	0	TOTAL:		115
65-74 yr	14	11	25	White:	45			
75 < yrs	20	13	33	Unknown:	0			
Total	67	48	115	TOTAL:	115			

## Ownership, Management and General Information

Fox Valley Dialysis, Ltd. Name: 1300 Waterford Drive Address:

Aurora City: Kane County: HSA: 8 14-2568 **Medicare ID:** 

**Legal Entity Operator:** 

Renaissance Management Company, LLC (operate

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** RBSG&M

Other Ownership:

Dr. Pardeep Sood **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014: 29 **Full-Time Work Week: Certified Stations by CMS:** 29 Regsitered Nurse: 6 **Peak Authorized Stations Operated:** 27 Dialysis Technician: 14 0 Authorized Stations Setup and Staffed in Oct 1-7: 24 Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 4 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	13	18	13	0	18	13
Number of Patients Treated	71	48	69	49	0	72	57

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 125 18.251 (Beginning patients) **Number of Missed Treatments:** 533 **Average Daily Treatments:** Patients treated as of 12/31/2014:

129 (Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 189 treated in calendar year:

ADDITIONS to the FACILITY

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 52 Recovered patients: 3 Treatment Capacity/year (based on Stations): 27,144 **Transient Patients:** 10 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 67% Patients Re-Started: 0 Patients transferred out: 31 **Use Rate (including Missed Treatments):** 69% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 72% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 64 0 74% Patients deceased: 24

> Total: 60

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	67.7%	9.0%	23.3%	0.0%	0.0%	100.0%	0.0%
Patient	128	17	44	0	0	189	0
1/1/2014 <b>to</b> 12/31/2014	59.9%	9.2%	30.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$2,972,002	\$455,852	\$1,530,833	\$0	\$0	\$4,958,687	\$0
				1			

Pat	ients by Ag	e and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	69	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	120	
15-44 yr	12	10	22	Black/ African American :	37	Unknown Ethnicity Patients	0	
45-64 yr	29	34	63	Hawaiian /Pacific Islande	0	TOTAL:	189	
65-74 yr	29	30	59	White:	144			
75 < yrs	25	20	45	Unknown:	0			
Total	95	94	189	TOTAL:	189			

## Ownership, Management and General Information

Fresenius Medical Care - Bridgeport Name:

825 West 35th Street Address:

Chicago City: Cook County: HSA: 6 14-2524 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Bridgeport Associates, LLC

Other Ownership:

Maria Sobrero, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	27	Full-Time Work Week:	32
Certified Stations by CMS:	27	Regsitered Nurse :	7
Peak Authorized Stations Operated:	27	Dialysis Technician :	17
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1

Number of Shifts Operated per day Other Health : 0 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	0	17	17	
Number of Patients Treated	69	56	69	58	0	72	62	

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 20.484 147 (Beginning patients) **Number of Missed Treatments:** 1,122

**Average Daily Treatments:** Patients treated as of 12/31/2014: 144

(Ending patients) Average Treatment Time (min): 270.0

**Total Unduplicated patients** 203

treated in calendar year:

27

23

110

24

18

93

65-74 yr

75 < yrs

**Total** 

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 44 Recovered patients: 0 Treatment Capacity/year (based on Stations): 25,272 **Transient Patients:** 9 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 81% Patients Re-Started: 1 Patients transferred out: 36 Use Rate (including Missed Treatments): 85% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 91% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 56 1 89% Patients deceased: 18

Total: 59

White:

TOTAL:

Unknown:

51

41

203

#### Patients and Net Revenue by Payor Source

		Medic	are M	/ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		57.	6%	14.3%	23.6%	3.0%	1.5%	100.0%	0.0%
Patient		•	117	29	48	6	3	203	0
1/1/2013 <b>to</b> 1	12/31/2013	57.	2%	20.2%	20.4%	1.1%	1.2%	100.0%	0.0%
Net Revenue		\$3,820,61	1 \$1,3	48,072	\$1,361,030	\$71,407	\$80,654	\$6,681,775	\$0
Pat	tients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	20	Hispanic Latino	Patients:	71
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic La	atino Patien	132
15-44 yr	15	18	33	Black	/ African American :	96	Unknown Ethnic	city Patients	0
45-64 yr	45	33	78	Hawa	iian /Pacific Islande	0	TOTAL:		203

85

1

203

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

CTATION INFORMATION

## Ownership, Management and General Information

Fresenius Medical Care - Alsip Name: 12250 S. Cicero, Ste #105 Address:

Alsip City: Cook County: HSA:

**Medicare ID:** 

14-2630

**Legal Entity Operator:** 

WSKC Dialysis Services, Inc.

THE TIME COLUMN AL CALL

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Hickory Properties, Inc.

Other Ownership:

Sejal Kalawadia, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

FACILITY STAFFING

<u>STATION INFORMATION</u>	FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32		
Certified Stations by CMS:	20	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	20	Dialysis Technician :	9		
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(a. da a t. af. a. da a dia a di a tati a da )		I DNI -	^		

Isola (subset of authorized stations) I PN · 0 Number of Shifts Operated per day Other Health : 0 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	15	18	13	0	18	13
Number of Patients Treated	44	32	41	32	0	42	30

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 80 15.295 (Beginning patients) **Number of Missed Treatments:** 240

**Average Daily Treatments:** Patients treated as of 12/31/2014: 81

(Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 99 treated in calendar year:

#### **ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** 21 Recovered patients: 2 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 7 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 82% Patients Re-Started: 0 Patients transferred out: 14 Use Rate (including Missed Treatments): 83% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 67% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 68% Total: 28 0 Patients deceased: 8 Total: 28

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	72.7%	3.0%	24.2%	0.0%	0.0%	100.0%	0.0%
Patient	72	3	24	0	0	99	0
1/1/2013 <b>to</b> 1/31/2013	64.7%	2.3%	31.3%	0.4%	1.3%	100.0%	0.0%
Net Revenue	\$2,409,113	\$86,807	\$1,167,389	\$14,021	\$48,922	\$3,726,253	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	<b>У</b>
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	15
4.4	•	O Nation	- A	0	Man Illanasia	-the Better	0.4

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	15
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	84
15-44 yr	11	4	15	Black/ African American :	70	Unknown Ethnicity Patients	0
45-64 yr	19	20	39	Hawaiian /Pacific Islande	0	TOTAL:	99
65-74 yr	15	14	29	White:	28		
75 < yrs	9	7	16	Unknown:	1		
Total	54	45	99	TOTAL:	99		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - Austin Community

Address: 4800 W. Chicago Ave., 2nd Fl.

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2653

Legal Entity Operator: WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Westside Health Authority

300.0

TOTAL

**Charity Care** 

Other Ownership:

Medical Director Name: David Kracker, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION			
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	16	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	14	14	14	0	14	14
Number of Patients Treated	27	27	26	30	0	26	30

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 63 In-Center Treatments in calendar year: 8,280 (Beginning patients) Number of Missed Treatments: 182

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min):

80

Total Unduplicated patients treated in calendar year:

Medicare

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

ADDITIONS to the PAC	<u> </u>	LOSSES to the LACIEIT I		OSE RATE IOI LIE FACILITY	
New Patients:	12	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	4	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	55%
Patients Re-Started:	0	Patients transferred out:	8	Use Rate (including Missed Treatments):	57%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	66%
Total:	16	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	5		

Total: 16

Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

**Private Insurance** 

		65.0	%	10.0%	22.5%	2.5%	0.0%	100.0%	0.0%
Patient			52	8	18	2	0	80	0
1/1/2103 <b>to</b>	12/31/2013	66.9	%	10.9%	20.2%	2.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,733,109	\$28	2,326	\$522,157	\$52,431	\$0	\$2,590,023	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	9
<14 yrs	0	0	0	Native A	merican/ Indian:	1	Non-Hispanic L	atino Patien	71
15-44 yr	11	8	19	Black/ A	frican American :	70	Unknown Ethni	city Patients	0
45-64 yr	19	9	28	Hawaiia	n /Pacific Islande	0	TOTAL:	-	80
65-74 yr	8	11	19	White:		9			
75 < yrs	6	8	14	Unknow	n:	0			
Total	44	36	80	TOTAL:		80			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Berwyn Address: 2601 S. Harlem Avenue, 1st Fl.

City: Berwyn
County: Cook
HSA: 7
Medicare ID: 14-2533

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: BRAUVIN NET LEASE, LLC

Other Ownership:

Medical Director Name: Laurens Lohmann, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION				
Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	32	
Certified Stations by CMS:	28	Regsitered Nurse :	7	
Peak Authorized Stations Operated:	28	Dialysis Technician :	14	
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	2	
		Other Non-Health:	0	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	0	17	17	
Number of Patients Treated	72	67	73	68	0	72	67	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 157 In-Center Treatments in calendar year: 22,195 (Beginning patients) Number of Missed Treatments: 333

Patients treated as of 12/31/2014: Average Daily Treatments:

LOCCEC to the EACH ITY

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min): 270.0

Total Unduplicated patients 246

Total:

treated in calendar year:

LICE DATE for the EACH ITY

ADDITIONS to the FAC	<u>ILIIY</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	75	Recovered patients:	1	Treatment Capacity/year (based on Stations):	26,208
Transient Patients:	14	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	85%
Patients Re-Started:	0	Patients transferred out:	49	Use Rate (including Missed Treatments):	86%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	93%
Total:	89	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	85%
		Patients deceased:	20		

#### Patients and Net Revenue by Payor Source

78

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	62.2%	8.1%	25.6%	3.7%	0.4%	100.0%	0.0%
Patient	153	20	63	9	1	246	0
1/1/2013 <b>to</b> 12/31/2013	54.9%	12.2%	31.2%	1.7%	0.0%	100.0%	0.0%
Net Revenue	\$3,964,744	\$881,266	\$2,251,069	\$119,223	\$1,221	\$7,217,523	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	173
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	70
15-44 yr	32	13	45	Black/ African American :	12	Unknown Ethnicity Patients	3
45-64 yr	64	29	93	Hawaiian /Pacific Islande	0	TOTAL:	246
65-74 yr	35	30	65	White:	228		
75 < yrs	22	21	43	Unknown:	3		
Total	153	93	246	TOTAL:	246		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - Chicago Dialysis

Address: 1806 W Hubbard Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2506

Legal Entity Operator:

WSKC Dialysis Services, Inc.

300.0

TOTAL

**Charity Care** 

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Net3 (CKC), LLC

Other Ownership:

Medical Director Name: George Dunea, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	21	Full-Time Work Week:	32
Certified Stations by CMS:	21	Regsitered Nurse :	3
Peak Authorized Stations Operated:	21	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	21	Dietician :	0
Isolation Stations Set up in Oct 1-7:	3	Social Worker:	0
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	12	18	12	0	18	12	
Number of Patients Treated	34	23	35	24	0	34	21	

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 66 In-Center Treatments in calendar year: 8,845 (Beginning patients) Number of Missed Treatments: 663

Patients treated as of 12/31/2014:

(Ending patients)

Average Daily Treatments:

Average Treatment Time (min):

(Ending patients)

Total Unduplicated patients

97

Medicare

treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

**New Patients:** 22 Recovered patients: 0 Treatment Capacity/year (based on Stations): 19,656 **Transient Patients:** 12 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 45% Patients Re-Started: 0 Patients transferred out: 33 Use Rate (including Missed Treatments): 48% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 52% **Post-Transplant Patien** 34 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 1 48% Patients deceased: 3

Total: 37

Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

**Private Insurance** 

		61.9	%	14.4%	21.6%	2.1%	0.0%	100.0%	0.0%
Patient		(	60	14	21	2	0	97	0
1/1/2013 <b>to</b>	12/31/2013	50.7	<b>"</b> %	28.0%	20.3%	1.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,495,256	\$82	6,936	\$599,751	\$29,058	\$0	\$2,951,001	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	2	Hispanic Latino	Patients:	8
<14 yrs	0	0	0	Native A	merican/ Indian:	1	Non-Hispanic Latino Patien		89
15-44 yr	13	9	22	Black/ A	frican American :	59	Unknown Ethnicity Patients		0
45-64 yr	29	16	45	Hawaiia	n /Pacific Islande	0	TOTAL:	-	97
65-74 yr	16	8	24	White:		35			
75 < yrs	5	1	6	Unknow	n:	0			
Total	63	34	97	TOTAL:		97			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Crestwood Name:

Address: 4861 Cal Sag Road

Crestwood City: Cook County: HSA: 14-2538 **Medicare ID:** 

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Centro Bradley

Other Ownership:

Ronald Hamburger, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	6
Peak Authorized Stations Operated:	32	Dialysis Technician :	13
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	2	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
•		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	12	18	12	0	18	12
Number of Patients Treated	56	42	57	42	0	56	42

### Facility Utilization Information

**Total** 

100

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: 105 In-Center Treatments in calendar year: 14,604 (Beginning patients) **Number of Missed Treatments:** 553

**Average Daily Treatments:** Patients treated as of 12/31/2014: 99 275.0

(Ending patients) Average Treatment Time (min): **Total Unduplicated patients** 

160 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Medicare

60

160

**USE RATE for the FACILITY New Patients:** 44 Recovered patients: 3 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 11 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 65% Patients Re-Started: 0 Patients transferred out: 35 Use Rate (including Missed Treatments): 67% 0 Patients voluntarily discontinued 2 73% **Post-Transplant Patien** Use Rate (Begining patients treated): 55 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 1 69%

> Patients deceased: 17 Total: 61

> > Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

160

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

						-			-
		64.4	%	4.4%	28.8%	1.3%	1.3%	100.0%	0.0%
Patient		10	)3	7	46	2	2	160	0
1/1/2013 <b>to</b>	12/31/2013	53.9	%	2.4%	41.5%	1.0%	1.2%	100.0%	0.0%
Net Revenue		\$2,956,527	\$13	0,169	\$2,273,433	\$55,885	\$66,510	\$5,482,524	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	0	Hispanic Latino	Patients:	19
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic Latino Patien		138
15-44 yr	14	5	19	Black/ A	African American :	71	Unknown Ethnicity Patients		3
45-64 yr	48	16	64	Hawaiia	Hawaiian /Pacific Islande		TOTAL:		160
65-74 yr	22	17	39	White:		87			
75 < yrs	16	22	38	Unknow	/n :	2			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

## Ownership, Management and General Information

Fresenius Medical Care - Decatur East Name:

1830 South 44th Street Address:

Decatur City: Macon County:

HSA: 14-2603 **Medicare ID:** 

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner: DECATUR MEMORIAL HOSPITAL** 

Other Ownership:

Mohammed Dawood, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32	
Certified Stations by CMS:	12	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	12	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	12	16	12	0	16	12	
Number of Patients Treated	26	20	25	21	0	26	23	

### Facility Utilization Information

75 < yrs

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 43 6,750 (Beginning patients) **Number of Missed Treatments:** 165

**Average Daily Treatments:** Patients treated as of 12/31/2014: 46

Madiaaid

(Ending patients) Average Treatment Time (min): 262.0

**Total Unduplicated patients** 74 treated in calendar year:

8

36

Total:

Madiaara

15

38

23

74

#### **LOSSES to the FACILITY ADDITIONS to the FACILITY USE RATE for the FACILITY**

**New Patients:** 25 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 10 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 60% Patients Re-Started: Patients transferred out: 18 Use Rate (including Missed Treatments): 62% 1 0 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 60% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 64% Total: 36 0 Patients deceased: 9

## Patients and Net Revenue by Payor Source Brivata Incurance

Drivete Day

0

74

Other Bublic

TOTAL

Charity Care

31

		weard	are i	Medicaid Private insurance		Private Pay	Other Public TOTAL		Charity Care
		87	.8%	0.0%	0.0% 12.2%		0.0%	100.0%	0.0%
Patient			65	0	9	0	0	74	0
1/1/2013 <b>to</b> 1	12/31/2013	74	.9%	0.0%	24.9%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$1,441,72	21	\$523	\$479,568	\$3,127	\$0	\$1,924,939	\$0
Patients by Age and Sex Patients			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	0	
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	74
15-44 yr	2	1	3	Black	Black/ African American :		Unknown Ethnic	city Patients	0
45-64 yr	15	12	27	Hawa	Hawaiian /Pacific Islande		TOTAL:		74
65-74 yr	11	10	21	White	):	66			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

STATION INFORMATION

# Ownership, Management and General Information

Name: Fresenius Medical Care - Downers Grove

Address: 3825 Highland Avenue, Ste 102

City: Downers Grove County: DuPage

HSA: 7
Medicare ID: 14-2503

Legal Entity Operator: WSKC Dialysis Services, Inc.

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

Property Owner: VTR DOWNERS GROVE POB HOLDINGS, LLC

EACH ITY STAFFING FILL TIME FOLIVALENT

Other Ownership:

Medical Director Name: Naresh Julka, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION			
Authorized Stations as of 12/31/2014:	19	Full-Time Work Week:	32	
Certified Stations by CMS:	19	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	19	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	

 Isolation Stations Set up in Oct 1-7:
 0
 Social Worker:
 0

 (subset of authorized stations)
 LPN:
 0

 Number of Shifts Operated per day
 Other Health:
 0

 Other Non-Health:
 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	12	17	12	0	17	12
Number of Patients Treated	40	24	40	27	0	42	25

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 72 In-Center Treatments in calendar year: 10,102 (Beginning patients) Number of Missed Treatments: 46

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 115 treated in calendar year:

Total:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	30	Recovered patients:	1	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	19	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	0	Patients transferred out:	19	Use Rate (including Missed Treatments):	57%
Post-Transplant Patien	2	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	63%
Total:	51	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	66%
		Patients deceased:	9		

## Patients and Net Revenue by Payor Source

36

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	70.4%	2.6%	26.1%	0.9%	0.0%	100.0%	0.0%
Patient	81	3	30	1	0	115	0
1/1/2013 <b>to</b> 12/31/2013	61.1%	5.1%	31.7%	1.0%	1.2%	100.0%	0.0%
Net Revenue	\$2,261,665	\$188,800	\$1,173,491	\$36,617	\$42,925	\$3,703,498	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У
AGE GROUPS MALE	FEMALE TOT	ΓAL Asian	Patients:	7	Hispanic Latino	Patients:	15

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	15	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	100	
15-44 yr	7	5	12	Black/ African American :	9	Unknown Ethnicity Patients	0	
45-64 yr	21	10	31	Hawaiian /Pacific Islande	7	TOTAL:	115	
65-74 yr	18	7	25	White:	92			
75 < yrs	25	22	47	Unknown:	0			
Total	71	44	115	TOTAL:	115			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - DuPage West Name:

Address: 450 E. Roosevelt Rd., Ste. 101

West Chicago City: DuPage County: HSA: 14-2509 **Medicare ID:** 

WSKC Dialysis Services, Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Midland Ventures, Inc

Other Ownership:

**Medical Director Name:** Gregory Kozeny, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	16	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	1	

Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	18	12	18	0	12	18	
Number of Patients Treated	39	21	36	24	0	39	22	

# Facility Utilization Information

75 < yrs

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 45 9.700 (Beginning patients) **Number of Missed Treatments:** 328

**Average Daily Treatments:** Patients treated as of 12/31/2014: 68

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 88 treated in calendar year:

8

56

Medicare

6

32

14

88

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY** 

**New Patients:** 13 Recovered patients: 2 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 21 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 65% Patients Re-Started: Patients transferred out: 29 Use Rate (including Missed Treatments): 67% 1 Patients voluntarily discontinued 47% **Post-Transplant Patien** 1 1 Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations\*6): Total: 36 Patients lost to follow up: 1 71% Patients deceased: 2

> Total: 37

> > Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

0

88

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

							•		onany care
		53.	4%	3.4%	38.6%	3.4%	1.1%	100.0%	0.0%
Patient			47	3	34	3	1	88	0
1/1/2013 <b>to</b>	12/31/2013	28.	.6%	7.5%	62.5%	1.4%	0.0%	100.0%	0.0%
Net Revenue		\$1,896,07	0 \$4	98,288	\$4,151,521	\$91,892	\$0	\$6,637,772	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u>t</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	3	Hispanic Latino	36	
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic L	atino Patien	52
15-44 yr	5	7	12	Black	Black/ African American :		Unknown Ethni	city Patients	0
45-64 yr	32	9	41	Hawa	iian /Pacific Islande	0	TOTAL:		88
65-74 yr	11	10	21	White	e:	72			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

# Ownership, Management and General Information

Fresenius Medical Care - East Peoria Name:

3300 North Main Address:

14-2562

Fast Peoria City: Tazewell County: HSA: 2

Medicare ID:

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

2

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Chicago Land Title Trust Co.

Other Ownership:

**Medical Director Name:** Davod Rosborough, M.D.

Other Non-Health:

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32			
Certified Stations by CMS:	24	Regsitered Nurse :	5			
Peak Authorized Stations Operated:	24	Dialysis Technician :	11			
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	1			
Number of Shifts Operated per day		Other Health :	0			

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	16	18	14	0	14	18	
Number of Patients Treated	43	40	45	41	0	43	42	

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 12,974 88 (Beginning patients) **Number of Missed Treatments:** 557

**Average Daily Treatments:** Patients treated as of 12/31/2014: 90

(Ending patients) **Average Treatment Time (min):** 300.0

**Total Unduplicated patients** 146

Total:

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the TAG	<u>,, _, , , , , , , , , , , , , , , , , ,</u>			<u> </u>	
New Patients:	41	Recovered patients:	1	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	17	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	1	Patients transferred out:	35	Use Rate (including Missed Treatments):	60%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	61%
Total:	59	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	15		

## Patients and Net Revenue by Payor Source

55

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	67.8%	0.7%	30.1%	0.0%	1.4%	100.0%	0.0%
Patient	99	1	44	0	2	146	0
1/1/2013 <b>to</b> 12/31/2013	44.1%	2.9%	51.1%	0.4%	1.5%	100.0%	0.0%
Net Revenue	\$3,636,106	\$238,837	\$4,216,980	\$34,576	\$123,217	\$8,249,717	\$0
Patients by Age	and Sex	ĺ	Patients by Race	2	<u>Pat</u>	ients by Ethnicity	1
CE CROURS MALE	CEMALE TO	TAI Asian	Datiente.	1	Highania Latina	Detiente	1

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race	Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	145
15-44 yr	7	6	13	Black/ African American :	28	Unknown Ethnicity Patients	0
45-64 yr	28	23	51	Hawaiian /Pacific Islande	0	TOTAL:	146
65-74 yr	21	19	40	White:	117		
75 < yrs	24	18	42	Unknown:	0		
Total	80	66	146	TOTAL:	146		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care - Elk Grove Name: 901 Biesterfield Road, Ste. 400 Address:

Elk Grove Village City:

Cook County: HSA: 14-2507 Medicare ID:

**Legal Entity Operator:** WSKC Dialysis Sevices, Inc.

**Legal Entity Owner:** 

For Profit Corporation

3

Ownership Type: **Property Owner:** Woodland Square Development, LTD

Other Ownership:

**Medical Director Name:** Lisa Pillsbury, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	32
Certified Stations by CMS:	28	Regsitered Nurse :	7
Peak Authorized Stations Operated:	28	Dialysis Technician :	17
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	2
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0

Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	71	63	75	65	0	74	63	

### Facility Utilization Information

Facility Reported Treatment Information **Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 149 In-Center Treatments in calendar year: 21.223 (Beginning patients) **Number of Missed Treatments:** 433

**Average Daily Treatments:** Patients treated as of 12/31/2014:

146 (Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 217

Total:

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	48	Recovered patients:	1	Treatment Capacity/year (based on Stations):	26,208
Transient Patients:	17	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	0	Patients transferred out:	39	Use Rate (including Missed Treatments):	83%
Post-Transplant Patien	3	Patients voluntarily discontinued	9	Use Rate (Begining patients treated):	89%
Total:	68	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	87%
		Patients deceased:	19		

## Patients and Net Revenue by Payor Source

71

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	72.4%	2.3%	23.0%	1.4%	0.9%	100.0%	0.0%
Patient	157	5	50	3	2	217	0
1/1/2013 <b>to</b> 12/31/2013	54.1%	3.0%	41.8%	1.0%	0.1%	100.0%	0.0%
Net Revenue	\$4,115,480	\$227,919	\$3,176,413	\$72,642	\$11,100	\$7,603,554	\$0
Patients by Age	and Say		Patients by Pac	•	Dat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	18	Hispanic Latino Patients:	35
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	182
15-44 yr	17	6	23	Black/ African American :	16	Unknown Ethnicity Patients	0
45-64 yr	39	36	75	Hawaiian /Pacific Islande	1	TOTAL:	217
65-74 yr	35	18	53	White:	181		
75 < yrs	37	29	66	Unknown:	0		
Total	128	89	217	TOTAL:	217		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Evanston

Address: 2953 Central Street, 1st Floor City: Evanston County: Cook

HSA: 7 Medicare ID: 14-2621 Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation
Property Owner: Craig Bjorkman

Other Ownership:

Medical Director Name: Stuart Sprague, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	14	17	14	0	17	14	
Number of Patients Treated	32	20	32	20	0	32	21	

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 63 In-Center Treatments in calendar year: 7,749 (Beginning patients) Number of Missed Treatments: 133

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 95

Total:

treated in calendar year:

**ADDITIONS to the FACILITY** 

### LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	24	Recovered patients:	0	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	7	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	41%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	42%
Post-Transplant Patien	1	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	53%
Total:	32	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	48%
		Patients deceased:	12		

# Patients and Net Revenue by Payor Source

33

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	76.8%	6.3%	15.8%	1.1%	0.0%	100.0%	0.0%
Patient	73	6	15	1	0	95	0
1/1/2013 <b>to</b> 12/31/2013	58.9%	6.9%	32.8%	1.3%	0.0%	100.0%	0.0%
Net Revenue	\$1,727,286	\$202,418	\$962,752	\$39,233	\$0	\$2,931,689	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
GE GROUPS MALE	FEMALE TO	ΓΔI Asian	Patients:	5	Hispanic Latino	Patients:	7

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	88
15-44 yr	5	7	12	Black/ African American :	48	Unknown Ethnicity Patients	0
45-64 yr	11	6	17	Hawaiian /Pacific Islande	0	TOTAL:	95
65-74 yr	16	18	34	White:	42		
75 < yrs	18	14	32	Unknown:	0		
Total	50	45	95	TOTAL:	95		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - Evergreen Park

Address: 9730 South Western Avenue

City: Evergreen Park

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2545

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC

Ownership Type: Limited Liability Company

Property Owner: EVERGREEN PLAZA ASSOCIATES IV, LP

Other Ownership:

**Legal Entity Owner:** 

Medical Director Name: Paul Crawford, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	30	Full-Time Work Week:	32
Certified Stations by CMS:	30	Regsitered Nurse :	7
Peak Authorized Stations Operated:	30	Dialysis Technician :	19
Authorized Stations Setup and Staffed in Oct 1-7:	30	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	3

#### **Date of Operation** Oct 1 Oct 2 Oct 3 Oct 4 Oct 5 Oct 6 Oct 7 Hours operated 17 17 17 17 0 17 17 **Number of Patients Treated** 72 66 78 71 0 68 73

# Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 154 In-Center Treatments in calendar year: 21,879 (Beginning patients) Number of Missed Treatments: 874

Patients treated as of 12/31/2014: Average Daily Treatments:

Medicaid

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

270.0

Total Unduplicated patients 240

Total:

Medicare

32

111

56

240

treated in calendar year:

24

129

75 < yrs

**Total** 

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

ABBITTORE TO THE TATE	<u> </u>			<u>002 11,112 101 1110 1710 1211 1</u>	
New Patients:	52	Recovered patients:	4	Treatment Capacity/year (based on Stations):	28,080
Transient Patients:	30	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	78%
Patients Re-Started:	1	Patients transferred out:	44	Use Rate (including Missed Treatments):	81%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	86%
Total:	84	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	87%
		Patients deceased:	26		

# Patients and Net Revenue by Payor Source

**Private Pav** 

0

240

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

82

		58.	3%	7.5%	33.8%	0.0%	0.4%	100.0%	0.0%
Patient		1	40	18	81	0	1	240	0
1/1/2013 <b>to</b>	12/31/2013	40.	8%	5.6%	53.1%	0.1%	0.4%	100.0%	0.0%
Net Revenue		\$4,569,16	0 \$63	30,152	\$5,946,626	\$16,423	\$46,071	\$11,208,431	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pa</u>	tients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	1	Hispanic Latino	Patients:	7
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	233
15-44 yr	15	11	26	Black	d African American :	226	Unknown Ethni	city Patients	0
45-64 yr	58	43	101	Hawa	iian /Pacific Islande	0	TOTAL:		240
65-74 yr	32	25	57	White	<b>9</b> :	13			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

## Ownership, Management and General Information

Fresenius Medical Care - Galesburg Name:

Address: 765 N Kellogg St, Ste 101

Galesburg City: Knox County: HSA: 2 14-2579

**Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Galesburg, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** GALESBURG HOSPITAL CORPORATION

Other Ownership:

Parthasarathy Srinivasan **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	8
Peak Authorized Stations Operated:	14	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	3
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	16	18	16	0	18	16	
Number of Patients Treated	36	31	35	31	0	37	31	

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 67 10.473 (Beginning patients) **Number of Missed Treatments:** 263

**Average Daily Treatments:** Patients treated as of 12/31/2014: 73

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 125

Medicare

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 42 Recovered patients: 1 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 14 **Transplant Recipients:** 5 Use Rate (Treatments/Treatment capacity): 80% Patients Re-Started: Patients transferred out: 28 Use Rate (including Missed Treatments): 82% 1 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 80% **Post-Transplant Patien** 1 58 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 87%

Patients deceased: 9 Total: 47

Medicaid

#### Patients and Net Revenue by Payor Source

Private Pav

Other Public

TOTAL Charity Care

Private Insurance

		Wicarca		cuicaia	i iivate iiisurance	i iivate i ay	Other I ablic	IOIAL	Onarity Gare
		64.0	%	4.8%	24.8%	0.8%	5.6%	100.0%	0.0%
Patient		8	30	6	31	1	7	125	0
1/1/2013 <b>to</b>	12/31/2013	44.5	%	4.1%	47.9%	1.5%	2.1%	100.0%	0.0%
Net Revenue		\$1,862,072	\$17	0,592	\$2,004,595	\$61,493	\$88,332	\$4,187,083	\$0
Pat	tients by Ag	e and Sex			Patients by Race	<u>!</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	10
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	115
15-44 yr	5	8	13	Black	/ African American :	32	Unknown Ethni	city Patients	0
45-64 yr	24	15	39	Hawa	iian /Pacific Islande	0	TOTAL:		125
65-74 yr	28	12	40	White	e:	93			
75 < yrs	18	15	33	Unkn	own:	0			
Total	75	50	125	TOTA	N -	125			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Garfield

Address: 5401 South Wentworth

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2555

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: East Lake Management

Other Ownership:

Medical Director Name: Sheldon Hirsh, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	22	Full-Time Work Week:	32
Certified Stations by CMS:	22	Regsitered Nurse :	7
Peak Authorized Stations Operated:	22	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	12	17	12	0	17	12
Number of Patients Treated	55	38	56	39	0	61	40

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 108 In-Center Treatments in calendar year: 14,988 (Beginning patients) Number of Missed Treatments: 1,068

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 158

Medicare

65

158

treated in calendar year:

93

**Total** 

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the LAC	<u>/  L     </u>	LOUGED TO THE LACIETY		OSE NATE TOT THE TACILITY	
New Patients:	45	Recovered patients:	5	Treatment Capacity/year (based on Stations):	20,592
Transient Patients:	5	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	73%
Patients Re-Started:	0	Patients transferred out:	40	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	82%
Total:	50	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	11		

Total: 60

Medicaid

#### Patients and Net Revenue by Payor Source

Private Pav

158

Other Public

TOTAL Charity Care

Private Insurance

		Micaida		caroara	i iivate iiisaranoe	i iivate i ay	Other I abile	IOIAL	Onanty Garc
		60.1	%	13.3%	24.1%	1.9%	0.6%	100.0%	0.0%
Patient		Ç	95	21	38	3	1	158	0
1/1/2013 <b>to</b>	12/31/2013	52.9	%	10.5%	34.6%	0.8%	1.1%	100.0%	0.0%
Net Revenue	•	\$2,930,366	\$58	1,930	\$1,917,816	\$45,339	\$61,037	\$5,536,489	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	1
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	155
15-44 yr	16	11	27	Black	/ African American :	154	Unknown Ethni	city Patients	0
45-64 yr	58	29	87	Hawa	iian /Pacific Islande	0	TOTAL:		158
65-74 yr	8	14	22	White	):	4			
75 < yrs	11	11	22	Unkn	own:	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

## Ownership, Management and General Information

Fresenius Medical Care - Glendale Heights Name:

130 E. Army Trail Road Address:

Glendale Heights City:

DuPage County: HSA: 14-2617 **Medicare ID:** 

WSKC Dialysis Services, Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** GLENDALE HTS RETAIL INVESTORS, LLC

Other Ownership:

Ernest Dejesus, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	21	Full-Time Work Week:	32	
Certified Stations by CMS:	21	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	21	Dialysis Technician :	10	
Authorized Stations Setup and Staffed in Oct 1-7:	21	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	
Dialysis Station LI	ilization for the Ma			

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	52	49	58	48	0	55	49	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 95 15,755 (Beginning patients) **Number of Missed Treatments:** 285

**Average Daily Treatments:** Patients treated as of 12/31/2014: 105

**Average Treatment Time (min):** (Ending patients) 270.0

**Total Unduplicated patients** 156

Medicare

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the PAC	<u>/  L                                    </u>	LOSSES to the I ACIEIT I		OSE RATE IOI LITE FACILITY	
New Patients:	49	Recovered patients:	2	Treatment Capacity/year (based on Stations):	19,656
Transient Patients:	15	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	80%
Patients Re-Started:	0	Patients transferred out:	35	Use Rate (including Missed Treatments):	82%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	75%
Total:	64	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	83%
		Patients deceased:	11		

52 Total:

Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		60.3	2%	5.1%	30.1%	2.6%	1.9%	100.0%	0.0%
Patient		(	94	8	47	4	3	156	0
1/1/2013 <b>to</b>	12/31/2013	49.8	2%	7.8%	40.6%	1.8%	0.0%	100.0%	0.0%
Net Revenue	9	\$1,176,935	\$18	4,668	\$960,613	\$43,016	\$0	\$2,365,232	\$0
Pa	atients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	33	Hispanic Latino	Patients:	22
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	134
15-44 yr	13	8	21	Black/ A	frican American :	18	Unknown Ethnic	city Patients	0
45-64 yr	32	20	52	Hawaiiaı	n /Pacific Islande	0	TOTAL:		156
65-74 yr	27	20	47	White:		83			
75 < yrs	24	12	36	Unknow	n:	22			
Total	96	60	156	TOTAL:		156			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Greenwood Name:

1111 East 87th Street Address:

Chicago City: Cook County: HSA: 6 14-2601 **Medicare ID:** 

**Legal Entity Operator:** 

WSKC Dialysis Services, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Greenwood Associates L.P.

Other Ownership:

Malitha Shah, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014: 28 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 28 Regsitered Nurse: 6 **Peak Authorized Stations Operated:** 28 Dialysis Technician: 14 28 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 3 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	18	18	0	18	18
Number of Patients Treated	64	51	60	55	0	63	54

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 150 18.938 (Beginning patients) **Number of Missed Treatments:** 416

**Average Daily Treatments:** Patients treated as of 12/31/2014: 136

(Ending patients) Average Treatment Time (min): 285.0

**Total Unduplicated patients** 200 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 35 Recovered patients: 2 Treatment Capacity/year (based on Stations): 26,208 **Transient Patients:** 14 **Transplant Recipients:** 5 Use Rate (Treatments/Treatment capacity): 72% Patients Re-Started: 2 Patients transferred out: 40 Use Rate (including Missed Treatments): 74% Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 89% **Post-Transplant Patien** 1 52 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 81%

> Patients deceased: 16 Total: 66

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	61.0%	12.5%	26.0%	0.5%	0.0%	100.0%	0.0%
Patient	122	25	52	1	0	200	0
1/1/2013 <b>to</b> 12/31/2013	60.8%	15.8%	22.1%	0.9%	0.4%	100.0%	0.0%
Net Revenue	\$3,975,658	\$1,032,224	\$1,444,164	\$59,203	\$28,582	\$6,539,832	\$0
				1			

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	199	
15-44 yr	15	10	25	Black/ African American :	198	Unknown Ethnicity Patients	0	
45-64 yr	52	40	92	Hawaiian /Pacific Islande	0	TOTAL:	200	
65-74 yr	15	19	34	White:	2			
75 < yrs	19	30	49	Unknown:	0			
Total	101	99	200	TOTAL:	200			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Hazel Crest Name:

Address: 17524 E Carriage Way

Hazel Crest City: Cook County: HSA: 14-2607 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** ROCKFORD 550, LLC

Other Ownership:

Vijaykumar Rao, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014: 16 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 16 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 16 Dialysis Technician: 8 16 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 1 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	15	18	13	0	18	13
Number of Patients Treated	41	30	46	27	0	46	27

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

11,766 Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 78 (Beginning patients) **Number of Missed Treatments:** 260

**Average Daily Treatments:** Patients treated as of 12/31/2014: 79

**Average Treatment Time (min):** (Ending patients) 270.0

**Total Unduplicated patients** 123

Total:

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 28 Recovered patients: 1 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 8 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 79% Patients Re-Started: 1 Patients transferred out: 26 Use Rate (including Missed Treatments): 80% 0 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 81% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 37 0 82% Patients deceased: 8

## Patients and Net Revenue by Payor Source

43

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	70.7%	27.6%	0.8%	0.8%	0.0%	100.0%	0.0%
Patient	87	34	1	1	0	123	0
1/1/2013 <b>to</b> 12/31/2013	62.2%	2.5%	34.2%	0.6%	0.6%	100.0%	0.0%
Net Revenue	\$2,507,096	\$98,813	\$1,379,564	\$22,524	\$22,863	\$4,030,860	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u></u>
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	8

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients: 0 H		Hispanic Latino Patients:	8	
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	115	
15-44 yr	9	7	16	Black/ African American :	104	Unknown Ethnicity Patients	0	
45-64 yr	27	17	44	Hawaiian /Pacific Islande	0	TOTAL:	123	
65-74 yr	22	14	36	White:	17			
75 < yrs	11	16	27	Unknown:	0			
Total	69	54	123	TOTAL:	123			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care - Hoffman Estates Name: 3150 West Higgins Road, Suite 190 Address:

Hoffman Estates City:

Cook County: HSA: 14-2547 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** 3100 & 3150 HIGGINS, LLC

Other Ownership:

**Medical Director Name:** Lo-ku Chiang, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32	
Certified Stations by CMS:	20	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	20	Dialysis Technician :	10	
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	22	17	22	17	0	21.5	19	
Number of Patients Treated	63	40	61	42	0	65	40	

## **Facility Utilization Information**

**Facility Reported Treatment Information Facility Reported Patient Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 102 15,547 (Beginning patients) **Number of Missed Treatments:** 323

**Average Daily Treatments:** Patients treated as of 12/31/2014: 105

(Ending patients) **Average Treatment Time (min):** 270.0

**Total Unduplicated patients** 172

Total:

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

New Patients:	46	Recovered patients:	3	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	16	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	2	Patients transferred out:	43	Use Rate (including Missed Treatments):	85%
Post-Transplant Patien	3	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	85%
Total:	67	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	88%
		Patients deceased:	9		

# Patients and Net Revenue by Payor Source

64

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		52.9	%	5.8%	37.2%	4.1%	0.0%	100.0%	0.0%
Patient		Ç	91	10	64	7	0	172	0
1/1/2013 <b>to</b>	12/31/2013	47.4	%	9.2%	41.6%	1.8%	0.0%	100.0%	0.0%
Net Revenue		\$2,382,706	\$46	0,448	\$2,093,060	\$92,786	\$325	\$5,029,325	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	36	Hispanic Latino	Patients:	51
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	121
15-44 yr	23	18	41	Black	d African American :	44	Unknown Ethni	city Patients	0
45-64 yr	31	26	57	Hawa	Hawaiian /Pacific Islande		TOTAL:		172
65-74 yr	19	24	43	White	e:	92			
75 < yrs	16	15	31	Unkn	own :	0			
Total	89	83	172	TOTA	AL:	172			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Jackson Park Name:

Address: 7531 South Stony Island

Chicago City: Cook County: HSA: 6 14-2516 **Medicare ID:** 

WSKC Dialysis Services, Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Jackson Park Hospital Foundation

Other Ownership:

**Medical Director Name:** Munavar Izhar, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	24	Dialysis Technician :	11	
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	10	16	10	0	16	10	
Number of Patients Treated	60	44	60	44	0	60	44	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 106 14,416 (Beginning patients) **Number of Missed Treatments:** 657

**Average Daily Treatments:** Patients treated as of 12/31/2014:

103 (Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 153

Medicare

51

153

treated in calendar year:

102

**Total** 

#### LOSSES to the FACILITY USE RATE for the FACILITY

**Private Pav** 

153

Other Public

TOTAL

**Charity Care** 

ADDITIONS to the FACILITY		LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>			
New Patients:	54	Recovered patients:	1	Treatment Capacity/year (based on Stations):	22,464		
Transient Patients:	13	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	64%		
Patients Re-Started:	2	Patients transferred out:	58	Use Rate (including Missed Treatments):	67%		
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	74%		
Total:	70	Patients lost to follow up:	4	Use Rate (Year end Patients/Stations*6):	72%		
		Patients deceased:	13				

80 Total:

Medicaid

#### Patients and Net Revenue by Payor Source

**Private Insurance** 

		64.	1%	15.7%	15.7%	2.0%	2.6%	100.0%	0.0%
Patient			98	24	24	3	4	153	0
1/1/2013 <b>to</b>	12/31/2013	64.2	2%	23.0%	9.2%	1.0%	2.6%	100.0%	0.0%
Net Revenue		\$2,717,200	) \$97	2,661	\$387,319	\$43,103	\$112,098	\$4,232,381	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	1
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	151
15-44 yr	18	4	22	Black	d African American :	150	Unknown Ethnicity Patients		0
45-64 yr	47	22	69	Hawa	Hawaiian /Pacific Islande		TOTAL:		153
65-74 yr	34	20	54	White	<b>)</b> :	1			
75 < yrs	3	5	8	Unkn	own:	2			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

# Ownership, Management and General Information

Name: Fresenius Medical Care - Kewanee

Address: 230 W. South Street

City: Kewanee
County: Henry
HSA: 10
Medicare ID: 14-2578

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: PTM Develpoment, LLC

Other Ownership:

Medical Director Name: Samer Sader, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	15	12	15	11	0	15	11

## **Facility Utilization Information**

#### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 21 In-Center Treatments in calendar year: 3,771 (Beginning patients) Number of Missed Treatments: 70 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min): 250.0

Total Unduplicated patients 32 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO to the I A	JILII I	LOGGED to the I AGIETT		OOE RATE for the LAGIETT	
New Patients:	11	Recovered patients:	2	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	50%
Patients Re-Started:	0	Patients transferred out:	3	Use Rate (including Missed Treatments):	51%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	44%
Total:	13	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	1		
		Total:	8		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.1%	9.4%	9.4%	0.0%	3.1%	100.0%	0.0%
Patient	25	3	3	0	1	32	0
1/1/2013 <b>to</b> 12/31/2013	84.0%	4.5%	2.1%	0.0%	9.4%	100.0%	0.0%
Net Revenue	\$940,659	\$50,318	\$23,397	\$0	\$105,021	\$1,119,396	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	28
15-44 yr	3	1	4	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	7	4	11	Hawaiian /Pacific Islande	0	TOTAL:	32
65-74 yr	4	5	9	White:	29		
75 < yrs	4	4	8	Unknown:	0		
Total	18	14	32	TOTAL:	32		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Marquette Park Name:

6535 S. Western Address:

Chicago City: Cook County: HSA: 6

14-2566 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

----

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** Stephen Uhler

Other Ownership:

Satya Ahuja, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME I</b>	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32

**Certified Stations by CMS:** 16 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 16 Dialysis Technician: 10 16 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: Λ 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	36	34	40	34	0	35	35

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 87 11,776 (Beginning patients) **Number of Missed Treatments:** 638 **Average Daily Treatments:** Patients treated as of 12/31/2014:

81 **Average Treatment Time (min):** (Ending patients) 270.0

**Total Unduplicated patients** 108 treated in calendar year:

#### ADDITIONS to the FACILITY **LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** 21 Recovered patients: 1 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 0 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 79% Patients Re-Started: 0 Patients transferred out: 16 **Use Rate (including Missed Treatments):** 83% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 91% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 21 1 84% Patients deceased: 5

Total: 27

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	60.2%	9.3%	27.8%	1.9%	0.9%	100.0%	0.0%
Patient	65	10	30	2	1	108	0
1/1/2013 <b>to</b> 12/31/2013	63.2%	11.7%	20.9%	2.7%	1.4%	100.0%	0.0%
Net Revenue	\$2,303,696	\$426,758	\$762,019	\$98,757	\$51,919	\$3,643,150	\$0
Patients by Age	and Sex		Patients by Race	1	<u>Pat</u>	ients by Ethnicity	!
GE CHOLIDS MALE	EEMALE TO	TAI Acian	Dationts:	٥	Hispania I atino	Patients:	30

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	30
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	78
15-44 yr	13	4	17	Black/ African American :	75	Unknown Ethnicity Patients	0
45-64 yr	29	20	49	Hawaiian /Pacific Islande	0	TOTAL:	108
65-74 yr	13	10	23	White:	33		
75 < yrs	6	13	19	Unknown:	0		
Total	61	47	108	TOTAL:	108		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - McLean County Name:

1505 Eastland Medical Plaza Address:

Bloomington City: McLean County: HSA: 14-2563 **Medicare ID:** 

Dialysis Centers of America - Illinois, Inc. **Legal Entity Operator: Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** St. Joseph Medical Center

Other Ownership:

Robert Bruha, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME</b>	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	4
Peak Authorized Stations Operated:	20	Dialysis Technician :	40
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(authors of authorized estations)		I DNI -	0

(subset of authorized stations) I PN · 0 Number of Shifts Operated per day Other Health : 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	14	18	14	0	18	14
Number of Patients Treated	39	32	37	37	0	36	36

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 84 12.145 (Beginning patients) **Number of Missed Treatments:** 520

**Average Daily Treatments:** Patients treated as of 12/31/2014: 67 (Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 141

treated in calendar year:

#### ADDITIONS to the FACILITY **LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** 43 Recovered patients: 3 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 14 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 65% Patients Re-Started: 0 Patients transferred out: 51 Use Rate (including Missed Treatments): 68% 0 Patients voluntarily discontinued 8 Use Rate (Begining patients treated): 70% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 57 0 56% Patients deceased: 10 Total:

#### Patients and Net Revenue by Payor Source

74

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.4%	1.4%	27.0%	0.7%	3.5%	100.0%	0.0%
Patient	95	2	38	1	5	141	0
1/1/2013 <b>to</b> 12/31/2013	60.4%	4.6%	34.1%	0.4%	0.6%	100.0%	0.0%
Net Revenue	\$2,770,304	\$208,982	\$1,563,290	\$17,728	\$29,471	\$4,589,775	\$0
Patients by Age	e and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У
AGE GROUPS MALE	FEMALE TO	TAL Asian	Patients:	7	Hispanic Latino	Patients:	14
44.00	0	O Motiv	a American/Indian.	2	Nen Hienenie I	atina Dation	100

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	3	Non-Hispanic Latino Patien	122
15-44 yr	10	11	21	Black/ African American :	51	Unknown Ethnicity Patients	5
45-64 yr	25	22	47	Hawaiian /Pacific Islande	0	TOTAL:	141
65-74 yr	23	17	40	White:	70		
75 < yrs	15	18	33	Unknown:	10		
Total	73	68	141	TOTAL:	141		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - Melrose Park

Address: 1111 Superior Street, Ste 204

City: Melrose Park

County: Cook HSA: 7 Medicare ID: 14-2554 Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Westlake MOB

Other Ownership:

Medical Director Name: Constantine Delis, M.D. Provides Incenter Noctural Dialvsis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
s as of 12/31/2014:	18	Full-Time Work Week:	3

Authorized Stations as of 12/31/2014: 32 **Full-Time Work Week: Certified Stations by CMS:** 18 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 18 Dialysis Technician: 6 18 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	13	13	0	13	13
Number of Patients Treated	29	33	29	30	0	31	28

#### Facility Utilization Information

#### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 66 In-Center Treatments in calendar year: 9,751 (Beginning patients) Number of Missed Treatments: 124

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 92 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 28 Recovered patients: 0 Treatment Capacity/year (based on Stations): 16,848 **Transient Patients:** 10 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 58% Patients Re-Started: 0 Patients transferred out: 31 Use Rate (including Missed Treatments): 59% Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 61% **Post-Transplant Patien** 1 Use Rate (Year end Patients/Stations\*6): Total: 39 Patients lost to follow up: 0 59% Patients deceased: 7

#### Patients and Net Revenue by Payor Source

41

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	53.3%	6.5%	33.7%	4.3%	2.2%	100.0%	0.0%
Patient	49	6	31	4	2	92	0
1/1/2013 <b>to</b> 12/31/2013	63.9%	16.8%	17.3%	1.5%	0.5%	100.0%	0.0%
Net Revenue	\$1,662,267	\$436,169	\$450,930	\$38,320	\$13,195	\$2,600,882	\$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	26
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	66
15-44 yr	10	7	17	Black/ African American :	43	Unknown Ethnicity Patients	0
45-64 yr	18	10	28	Hawaiian /Pacific Islande	0	TOTAL:	92
65-74 yr	16	9	25	White:	49		
75 < yrs	13	9	22	Unknown:	0		
Total	57	35	92	TOTAL:	92		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Merrionette Park

Address: 11650 S. Kedzie Avenue

City: Merrionette Park

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2667

Legal Entity Operator:

Renal Care Group Chicago Southside, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: RSA PROPERTIES, LLC

Other Ownership:

Medical Director Name: Ejikeme Obasi, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION				
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	9		
Peak Authorized Stations Operated:	24	Dialysis Technician :	9		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		
Dialysis Station Utilization for the Week of Oct 1 - 7					

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	48	43	52	42	0	48	45	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 101 In-Center Treatments in calendar year: 14,543 (Beginning patients) Number of Missed Treatments: 1,034

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

240.0

Total Unduplicated patients 133

Total:

64

133

treated in calendar year:

69

**Total** 

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ABBITTORE TO THE TATE	<u> </u>			<u>002 11/112 101 1110 1710 1211 1</u>	
New Patients:	40	Recovered patients:	5	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	10	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	1	Patients transferred out:	40	Use Rate (including Missed Treatments):	69%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	70%
Total:	52	Patients lost to follow up:	4	Use Rate (Year end Patients/Stations*6):	67%
		Patients deceased:	30		

# Patients and Net Revenue by Payor Source

81

		Medica	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		60.9	9%	3.0%	33.8%	1.5%	0.8%	100.0%	0.0%
Patient			81	4	45	2	1	133	0
1/1/2013 <b>to</b>	12/31/2013	44.5	5%	2.5%	52.5%	0.2%	0.3%	100.0%	0.0%
Net Revenue		\$2,222,804	4 \$12	3,422	\$2,623,820	\$10,098	\$14,203	\$4,994,347	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	0	Hispanic Latino	Patients:	4
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	125
15-44 yr	25	26	51	Black	d African American :	105	Unknown Ethnic	city Patients	4
45-64 yr	25	22	47	Hawa	iian /Pacific Islande	0	TOTAL:		133
65-74 yr	15	8	23	White	e:	20			
75 < yrs	4	8	12	Unkn	own :	8			

133

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

# Ownership, Management and General Information

Name: Fresenius Medical Care - Midway

Address: 6201 West 63rd Street

City: Chicago
County: Cook
HSA: 6

**HSA:** 6 **Medicare ID:** 14-2713

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: AMERICAN REALTY CAPITAL OPERATING

Other Ownership:

Medical Director Name: Nic Hristea, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u> FACILITY STAFFING - FULL TIME E</u>	<u>QUIVALENT</u>

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	15	16	15	0	16	15
Number of Patients Treated	33	31	33	29	0	32	29

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 68 In-Center Treatments in calendar year: 9,961 (Beginning patients) Number of Missed Treatments: 419

Patients treated as of 12/31/2014: 70 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 95

treated in calendar year:

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	22	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	4	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	89%
Patients Re-Started:	1	Patients transferred out:	15	Use Rate (including Missed Treatments):	92%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	94%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	97%
		Patients deceased:	6		

Total: 26

#### Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		53.	7%	10.5%	32.6%	3.2%	0.0%	100.0%	0.0%
Patient			51	10	31	3	0	95	0
1/1/2013 <b>to</b>	12/31/2013	36	2%	5.9%	55.6%	1.3%	0.9%	100.0%	0.0%
Net Revenue		\$1,222,71	3 \$20	0,409	\$1,878,849	\$42,600	\$32,007	\$3,376,578	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asiar	Patients:	0	Hispanic Latino	Patients:	40
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	55
				1					

<u> </u>	iento na vi	<u>je aliu Sex</u>		ratients by Nace		<u>rations by Elimicity</u>	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	40
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	55
15-44 yr	6	3	9	Black/ African American :	16	Unknown Ethnicity Patients	0
45-64 yr	29	14	43	Hawaiian /Pacific Islande	0	TOTAL:	95
65-74 yr	8	13	21	White:	79		
75 < yrs	13	9	22	Unknown:	0		
Total	56	39	95	TOTAL:	95		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Niles Name:

9371 N. Milwaukee Ave. Address:

Niles City: Cook County: HSA: 7 14-2559 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Millbrook Center, LLC

Other Ownership:

Harold Bregman, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	32	Full-Time Work Week:	32
Certified Stations by CMS:	32	Regsitered Nurse :	7
Peak Authorized Stations Operated:	32	Dialysis Technician :	12
Authorized Stations Setup and Staffed in Oct 1-7:	32	Dietician :	1
Isolation Stations Set up in Oct 1-7:	4	Social Worker	1

Isolation Stations Set up in Oct 1-7: (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health . 1 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	21	12	21	12	0	21	12	
Number of Patients Treated	71	37	69	42	0	69	36	

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 126 18.263 (Beginning patients) **Number of Missed Treatments:** 110

**Average Daily Treatments:** Patients treated as of 12/31/2014: 110

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 187 treated in calendar year:

ADDITIONS to the FACILITY **LOSSES to the FACILITY** 

**USE RATE for the FACILITY New Patients:** 46 Recovered patients: 1 Treatment Capacity/year (based on Stations): 29,952 **Transient Patients:** 15 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 61% Patients Re-Started: 0 Patients transferred out: 54 Use Rate (including Missed Treatments): 61% 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 66% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 61 4 57%

> Patients deceased: 12 Total: 77

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	65.2%	7.5%	24.1%	3.2%	0.0%	100.0%	0.0%
Patient	122	14	45	6	0	187	0
1/1/2013 <b>to</b> 12/31/2013	61.8%	5.8%	31.7%	0.8%	0.0%	100.0%	0.0%
Net Revenue	\$3,825,379	\$358,592	\$1,962,070	\$46,847	\$0	\$6,192,888	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	tients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	46	Hispanic Latino Patients:	25
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	162
15-44 yr	15	11	26	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	32	23	55	Hawaiian /Pacific Islande	0	TOTAL:	187
65-74 yr	23	12	35	White:	130		
75 < yrs	43	28	71	Unknown:	0		
Total	113	74	187	TOTAL:	187		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care - Norridge Name:

4701 North Cumberland Address:

Norridge City: Cook County: HSA: 14-2521 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Cumberland Mall** 

**Property Owner:** 

Other Ownership:

Chirag Patel, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16.5	12	16.5	11.5	0	16.5	12
Number of Patients Treated	45	20	43	25	0	44	23

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 10,499 67 (Beginning patients) **Number of Missed Treatments:** 67 **Average Daily Treatments:** Patients treated as of 12/31/2014:

67 (Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 95

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	12	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	12	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	2	Patients transferred out:	12	Use Rate (including Missed Treatments):	71%
Post-Transplant Patien	2	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	70%
Total:	28	Patients lost to follow up:	4	Use Rate (Year end Patients/Stations*6):	70%
		Patients deceased:	5		
		Total:	28		

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	72.6%	8.4%	16.8%	2.1%	0.0%	100.0%	0.0%
Patient	69	8	16	2	0	95	0
1/1/2013 <b>to</b> 12/31/2103	66.1%	9.0%	23.9%	0.9%	0.0%	100.0%	0.0%
Net Revenue	\$2,095,605	\$285,541	\$757,575	\$29,916	\$0	\$3,168,637	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS MALE	FEMALE TOT	TAL Asian	Patients:	15	Hispanic Latino	Patients:	10

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	15	Hispanic Latino Patients:	10
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	85
15-44 yr	5	3	8	Black/ African American :	3	Unknown Ethnicity Patients	0
45-64 yr	25	15	40	Hawaiian /Pacific Islande	0	TOTAL:	95
65-74 yr	20	6	26	White:	77		
75 < yrs	11	10	21	Unknown:	0		
Total	61	34	95	TOTAL:	95		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - North Avenue Name:

911 W. North Avenue Address:

Melrose Park City:

Cook County: HSA: 14-2602 **Medicare ID:** 

WSKC Dialysis Services, Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Gottlieb Memorial Hospital

Other Ownership:

Martin Finn, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<u> FACILITY STAFFING - FULL TIME E</u>	<u>/IE EQUIVALENT</u>	
s as of 12/31/2014:	24	Full-Time Work Week:	32	

Authorized Stations as of 12/31/2014: **Certified Stations by CMS:** 24 Regsitered Nurse: 7 **Peak Authorized Stations Operated:** 24 Dialysis Technician: 14 24 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: Λ 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	48	47	48	51	0	46	52

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 15.886 109 (Beginning patients) **Number of Missed Treatments:** 314

**Average Daily Treatments:** Patients treated as of 12/31/2014: 114

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 144 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

# **USE RATE for the FACILITY**

7 **New Patients:** 39 Recovered patients: Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 4 **Transplant Recipients:** 20 Use Rate (Treatments/Treatment capacity): 71% Patients Re-Started: 0 Patients transferred out: 25 **Use Rate (including Missed Treatments):** 72% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 76% **Post-Transplant Patien** 1 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 43 79% 13

Patients deceased: Total: 66

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	65.3%	2.8%	30.6%	1.4%	0.0%	100.0%	0.0%
Patient	94	4	44	2	0	144	0
1/1/2013 <b>to</b> 12/31/2013	45.5%	3.2%	50.1%	1.1%	0.0%	100.0%	0.0%
Net Revenue	\$3,141,132	\$224,099	\$3,459,363	\$77,282	\$346	\$6,902,223	\$0
Patients by Age	and Say		Patients by Pac		Dat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race Patients by				
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	33
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	107
15-44 yr	15	8	23	Black/ African American :	80	Unknown Ethnicity Patients	4
45-64 yr	28	22	50	Hawaiian /Pacific Islande	0	TOTAL:	144
65-74 yr	25	13	38	White:	55		
75 < yrs	14	19	33	Unknown:	4		
Total	82	62	144	TOTAL:	144		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - North Kilpatrick

Address: 4800 North Kilpatrick

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2501

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Chad Middendorf

Other Ownership:

Medical Director Name: Madhav Rao, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	32
Certified Stations by CMS:	28	Regsitered Nurse :	7
Peak Authorized Stations Operated:	28	Dialysis Technician :	16
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	67	70	68	70	0	68	71

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 140 In-Center Treatments in calendar year: 20,894 (Beginning patients) Number of Missed Treatments: 360 Average Daily Treatments:

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 270.0

Total Unduplicated patients 185

treated in calendar year:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	46	Recovered patients:	1	Treatment Capacity/year (based on Stations):	26,208
Transient Patients:	5	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	80%
Patients Re-Started:	1	Patients transferred out:	31	Use Rate (including Missed Treatments):	81%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	83%
Total:	52	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	79%

Patients deceased: 14 Total: 52

# Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		52.2	2%	10.0%	36.7%	0.0%	1.1%	100.0%	2.8%
Patient			94	18	66	0	2	180	5
1/1/2013 <b>to</b>	12/31/2013	46.1	1%	12.4%	36.8%	3.2%	1.5%	100.0%	0.0%
Net Revenue		\$2,889,567	\$77	7,760	\$2,308,565	\$203,028	\$90,944	\$6,269,863	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race	1	<u>Pat</u>	ients by Ethnicit	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	40	Hispanic Latino	Patients:	69
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	116
	45	0.4	00			4.4			•

AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	40	Hispanic Latino Patients:	69
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	116
15-44 yr	45	24	69	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	38	24	62	Hawaiian /Pacific Islande	0	TOTAL:	185
65-74 yr	15	13	28	White:	134		
75 < yrs	16	10	26	Unknown:	0		
Total	114	71	185	TOTAL:	185		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Northcenter Name:

2620 West Addison Street Address:

14-2531

City: Cook County: HSA: 6

**Medicare ID:** 

**Legal Entity Owner:** Chicago

Ownership Type: Limited Liability Company

Fresenius Medical Care Chicagoland, LLC

**Property Owner:** BRYTON PROPERTIES, LLC ADDISON SERI

Other Ownership:

**Legal Entity Operator:** 

**Medical Director Name:** Mark Leischner M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32				
Certified Stations by CMS:	16	Regsitered Nurse :	4				
Peak Authorized Stations Operated:	16	Dialysis Technician :	7				
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1				
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1				
(subset of authorized stations)		LPN:	0				
Number of Shifts Operated per day		Other Health :	0				
		Other Non-Health:	1				
Dialysis Station Utilization for the Week of Oct 1 - 7							

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	15	16	15	0	16	15	
Number of Patients Treated	30	33	29	33	0	33	32	

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 75 10.646 (Beginning patients) **Number of Missed Treatments:** 143

**Average Daily Treatments:** Patients treated as of 12/31/2014: 69

**Average Treatment Time (min):** (Ending patients) 240.0

**Total Unduplicated patients** 104 treated in calendar year:

#### **LOSSES to the FACILITY** ADDITIONS to the FACILITY **USE RATE for the FACILITY**

**New Patients:** Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 22 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 71% Patients Re-Started: 0 Patients transferred out: 25 **Use Rate (including Missed Treatments):** 72% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 78% **Post-Transplant Patien** Patients lost to follow up: 2 Use Rate (Year end Patients/Stations\*6): Total: 29 72% Patients deceased: 8 Total: 35

#### Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		61.5	5%	11.5%	23.1%	2.9%	1.0%	100.0%	0.0%
Patient		(	64	12	24	3	1	104	0
1/1/2013 <b>to</b>	12/31/2013	58.1	%	20.2%	20.5%	1.3%	0.0%	100.0%	0.0%
Net Revenue		\$1,912,150	\$66	4,013	\$674,765	\$42,669	\$0	\$3,293,597	\$0
Par	tients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicit	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	4	Hispanic Latino	Patients:	42
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic La	atino Patien	62
15-44 yr	12	8	20	Black	/ African American :	13	Unknown Ethnic	city Patients	0
45-64 yr	23	17	40	Hawa	iian /Pacific Islande	1	TOTAL:		104
65-74 yr	9	12	21	White	e:	85			
75 < yrs	13	10	23	Unkn	own:	0			
Total	57	47	104	TOTA	۸L:	104			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Northwestern Name: 710 North Fairbanks, Suite 4-200 Address:

Chicago City: Cook County: HSA: 6 14-2597 **Medicare ID:** 

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Northwestern Memorial Hospital

Other Ownership:

**Medical Director Name:** Neil Soifer, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME E	<u>QUIVALENT</u>

Authorized Stations as of 12/31/2014: 44 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 44 Regsitered Nurse: 7 **Peak Authorized Stations Operated:** 44 Dialysis Technician: 20 28 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: Λ Other Non-Health: 3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	79	56	80	59	0	78	56

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 162 21.579 (Beginning patients) **Number of Missed Treatments:** 876

**Average Daily Treatments:** Patients treated as of 12/31/2014: 145

(Ending patients) Average Treatment Time (min): 270.0

**Total Unduplicated patients** 244

Total:

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 39 Recovered patients: 5 Treatment Capacity/year (based on Stations): 41,184 **Transient Patients:** 40 **Transplant Recipients:** 7 Use Rate (Treatments/Treatment capacity): 52% Patients Re-Started: 2 Patients transferred out: 60 Use Rate (including Missed Treatments): 55% Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 61% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 82 1 55% Patients deceased: 24

## Patients and Net Revenue by Payor Source

99

Patient         173         22         47         2         0         244           1/1/2013 to 12/31/2103         56.3%         8.6%         33.3%         1.6%         0.3%         100.0%         0.0		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
1/1/2013 <b>to</b> 12/31/2103 56.3% 8.6% 33.3% 1.6% 0.3% 100.0% 0.0		70.9%	9.0%	19.3%	0.8%	0.0%	100.0%	0.0%
	Patient	173	22	47	2	0	244	0
<b>Net Revenue</b> \$1,901,896 \$289,039 \$1,125,977 \$52,930 \$10,267 <b>\$3,380,109</b> \$0	1/1/2013 <b>to</b> 12/31/2103 <b>Net Revenue</b>	<i>56.3%</i> \$1,901,896	8.6% \$289,039	33.3% \$1,125,977	1.6% \$52,930	<i>0.3%</i> \$10,267	100.0% <b>\$3,380,109</b>	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	8	Hispanic Latino Patients:	27
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	208
15-44 yr	22	17	39	Black/ African American :	142	Unknown Ethnicity Patients	9
45-64 yr	60	43	103	Hawaiian /Pacific Islande	23	TOTAL:	244
65-74 yr	30	18	48	White:	62		
75 < yrs	28	26	54	Unknown:	9		
Total	140	104	244	TOTAL:	244		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - Oak Park

Address: 733 Madison Street

 City:
 Oak Park

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2504

**Authorized Stations** 

Legal Entity Operator:

Fresenius Medical Care River Forest, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Three M & L Partnership

Other Ownership:

Medical Director Name: Paul Balter, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	<u> EQUIVALENT</u>
s as of 12/31/2014:	12	Full-Time Work Week:	32

**Certified Stations by CMS:** 12 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 6 12 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	13	13	0	13	13
Number of Patients Treated	22	30	26	29	0	24	27

#### **Facility Utilization Information**

#### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 47 In-Center Treatments in calendar year: 7,933 (Beginning patients) Number of Missed Treatments: 327 Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

270.0

Total Unduplicated patients 91 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 33 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 11 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 71% Patients Re-Started: 0 Patients transferred out: 24 **Use Rate (including Missed Treatments):** 74% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 65% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 45 1 83% Patients deceased: 5

#### Patients and Net Revenue by Payor Source

31

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	59.3%	11.0%	28.6%	1.1%	0.0%	100.0%	0.0%
Patient	54	10	26	1	0	91	0
1/1/2013 <b>to</b> 12/31/2013	68.0%	5.7%	24.9%	1.4%	0.0%	100.0%	0.0%
Net Revenue	\$1,326,626	\$111,169	\$485,851	\$27,313	\$0	\$1,950,958	\$0
		1		1			

		+ 11-	•	,	* /	¥ - ¥ -, ,	* -
Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	6
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	85
15-44 yr	8	3	11	Black/ African American :	72	Unknown Ethnicity Patients	0
45-64 yr	31	17	48	Hawaiian /Pacific Islande	0	TOTAL:	91
65-74 yr	11	4	15	White:	17		
75 < yrs	10	7	17	Unknown:	0		
Total	60	31	91	TOTAL:	91		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Orland Park

**Address:** 9160 W. 159th St.

 City:
 Orland Park

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2550

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Christina Finnegan

Other Ownership:

Medical Director Name: Lourdes Terrado, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EX	<u> JUIVALEN I</u>
( 40/04/0044	40	Full Time Alembarate	20

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	32
Certified Stations by CMS:	18	Regsitered Nurse :	5
Peak Authorized Stations Operated:	18	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17.5	17.5	17.5	17.5	0	17.5	17.5	
Number of Patients Treated	42	35	44	32	0	44	32	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 80 In-Center Treatments in calendar year: 12,043 (Beginning patients) Number of Missed Treatments: 43

Patients treated as of 12/31/2014:

82

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 118 treated in calendar year:

Total:

## ADDITIONS to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LAG	<u></u>	<u> </u>		OSE RATE TOT THE TAGILITY	
New Patients:	29	Recovered patients:	1	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	7	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	0	Patients transferred out:	19	Use Rate (including Missed Treatments):	72%
Post-Transplant Patien	2	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	74%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	18		

## Patients and Net Revenue by Payor Source

42

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	66.1%	3.4%	29.7%	0.8%	0.0%	100.0%	0.0%
Patient	78	4	35	1	0	118	0
1/1/2013 <b>to</b> 12/31/2013	50.4%	1.5%	47.7%	0.4%	0.0%	100.0%	0.0%
Net Revenue	\$2,372,180	\$72,176	\$2,241,738	\$17,809	\$0	\$4,703,904	\$0
				1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	115
15-44 yr	6	4	10	Black/ African American :	13	Unknown Ethnicity Patients	0
45-64 yr	21	13	34	Hawaiian /Pacific Islande	0	TOTAL:	118
65-74 yr	16	13	29	White:	99		
75 < yrs	24	21	45	Unknown:	0		
Total	67	51	118	TOTAL:	118		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Ottawa
Address: 1601 Mercury Circle Circle, Ste 3

City: Ottawa
County: LaSalle
HSA: 2
Medicare ID: 14-2576

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Ottawa Regional

Other Ownership:

Medical Director Name: Alexander Alonso, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	2		
Peak Authorized Stations Operated:	12	Dialysis Technician :	4		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	8	12	8	0	12	11	
Number of Patients Treated	21	7	20	6	0	20	7	

#### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 29 In-Center Treatments in calendar year: 4,306 (Beginning patients) Number of Missed Treatments: 34

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 300.0

Total Unduplicated patients 59 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**New Patients:** 12 Recovered patients: 1 **Transient Patients:** 14 **Transplant Recipients:** 1 Patients Re-Started: 0 Patients transferred out: 19 Patients voluntarily discontinued 5 **Post-Transplant Patien** 1 27 Patients lost to follow up: 0 Total: Patients deceased: 6

Total:

USE RATE for the FACILITY
Treatment Capacity/year (based on Stations): 11,232
Use Rate (Treatments/Treatment capacity): 38%
Use Rate (including Missed Treatments): 39%

40%

39%

Use Rate (Begining patients treated):
Use Rate (Year end Patients/Stations\*6):

#### Patients and Net Revenue by Payor Source

32

		Medic	are M	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		72.	9%	1.7%	23.7%	1.7%	0.0%	100.0%	0.0%
Patient			43	1	14	1	0	59	0
1/1/2013 <b>to</b> 1	12/31/2013	74.	9%	0.0%	24.9%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$1,441,72	:1	\$523	\$479,568	\$3,127	\$0	\$1,924,939	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	У
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	54

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	54
15-44 yr	1	2	3	Black/ African American :	8	Unknown Ethnicity Patients	0
45-64 yr	24	9	33	Hawaiian /Pacific Islande	0	TOTAL:	59
65-74 yr	3	2	5	White:	51		
75 < yrs	10	8	18	Unknown:	0		
Total	38	21	59	TOTAL:	59		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Peoria Downtown Name:

410 W Romeo B. Garrett Ave. Address:

City: County: HSA: 2

**Medicare ID:** 

Peoria Peoria

14-2574

Dialysis Centers of America - Illinois, Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** PNLC. LLC

Other Ownership:

Timothy Pflederer, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Other Non-Health:

1

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	32	Full-Time Work Week:	32	
Certified Stations by CMS:	32	Regsitered Nurse :	5	
Peak Authorized Stations Operated:	32	Dialysis Technician :	19	
Authorized Stations Setup and Staffed in Oct 1-7:	32	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	1	

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	14	17	14	0	17	14
Number of Patients Treated	65	51	68	52	0	66	53

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 130 18.323 (Beginning patients) **Number of Missed Treatments:** 1,615

**Average Daily Treatments:** Patients treated as of 12/31/2014: 129

**Average Treatment Time (min):** (Ending patients) 280.0

**Total Unduplicated patients** 188 treated in calendar year:

**ADDITIONS to the FACILITY** LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 38 Recovered patients: 1 Treatment Capacity/year (based on Stations): 29,952 **Transient Patients:** 13 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 61% Patients Re-Started: 5 Patients transferred out: 31 Use Rate (including Missed Treatments): 67% 2 Patients voluntarily discontinued 6 Use Rate (Begining patients treated): 68% **Post-Transplant Patien** 58 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 1 67%

> Patients deceased: 17 Total: 59

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	69.1%	2.7%	27.1%	0.0%	1.1%	100.0%	0.0%
Patient	130	5	51	0	2	188	0
1/1/2013 <b>to</b> 12/31/2103	69.1%	4.3%	24.6%	0.9%	1.0%	100.0%	0.0%
Net Revenue	\$3,844,421	\$239,655	\$1,371,329	\$51,577	\$56,723	\$5,563,706	\$0
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	ients by Ethnicity	L
CE CROURS MALE	CEMALE TO	TAI Asian	Datiente.	2	Hispania I stina	Detiente	0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	8
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	180
15-44 yr	16	9	25	Black/ African American :	113	Unknown Ethnicity Patients	0
45-64 yr	44	35	79	Hawaiian /Pacific Islande	0	TOTAL:	188
65-74 yr	28	23	51	White:	72		
75 < yrs	15	18	33	Unknown:	0		
Total	103	85	188	TOTAL:	188		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - Peoria North

Address: 10405 N. Juliet Court

City: Peoria
County: Peoria
HSA: 2
Medicare ID: 14-2613

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: JPS PEORIA, LLC

Other Ownership:

Medical Director Name: Benjamin Pflederer, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	19	Full-Time Work Week:	32	
Certified Stations by CMS:	19	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	19	Dialysis Technician :	10	
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
•		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	13	17	13	0	17	13	
Number of Patients Treated	38	30	37	29	0	40	31	

#### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 68 In-Center Treatments in calendar year: 10,320 (Beginning patients) Number of Missed Treatments: 486
Patients treated as of 12/31/2014: 70 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min): 270.0

Total Unduplicated patients 121

Total:

treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** Recovered patients: 2 Treatment Capacity/year (based on Stations): 17,784 **Transient Patients:** 12 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 58% Patients Re-Started: 4 Patients transferred out: 29 Use Rate (including Missed Treatments): 61% 3 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 60% **Post-Transplant Patien** 56 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 61% Total: 0 Patients deceased: 16

#### Patients and Net Revenue by Payor Source

54

		Medic	are M	<b>Nedicaid</b>	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		68	.6%	3.3%	26.4%	0.0%	1.7%	100.0%	0.0%
Patient			83	4	32	0	2	121	0
1/1/2013 <b>to</b>	12/31/2013	44	.6%	0.9%	53.5%	0.3%	0.7%	100.0%	0.0%
Net Revenue		\$2,432,78	38 \$	47,626	\$2,917,203	\$14,209	\$39,400	\$5,451,226	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	1	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latino Patien		118
15-44 yr	5	3	8	Black	Black/ African American :		Unknown Ethnicity Patients		0

0 22 16 38 TOTAL: 121 45-64 vr Hawaiian /Pacific Islande White: 65-74 yr 24 12 36 88 75 < yrs 23 16 39 Unknown: 0 **Total** 74 47 121 TOTAL: 121

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Polk Name: 557 West Polk Street, Suite 100 Address:

Chicago City: Cook County: HSA: 6 14-2502 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** 571 West Polk, LLC

Other Ownership:

Marco Pagani, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>			
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	4		
Peak Authorized Stations Operated:	24	Dialysis Technician :	8		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	4	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	12	0	17	14	
Number of Patients Treated	43	26	44	28	0	44	25	

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 81 11,350 (Beginning patients) **Number of Missed Treatments:** 234

**Average Daily Treatments:** Patients treated as of 12/31/2014: 75

Medicaid

(Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 125 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**New Patients:** Recovered patients: **Transient Patients:** 18 **Transplant Recipients:** Patients Re-Started: 0 Patients transferred out: Patients voluntarily discontinued **Post-Transplant Patien** 1 Total: 40 Patients lost to follow up: Patients deceased:

Total:

Medicare

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 22,464 Use Rate (Treatments/Treatment capacity): 51% Use Rate (including Missed Treatments): 52% 56% Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations\*6): 52%

TOTAL

**Charity Care** 

Other Public

# Patients and Net Revenue by Payor Source

**Private Pav** 

**Private Insurance** 

0

3

34

0

0

9

46

		60.8	1%	12.8%	24.0%	0.0%	2.4%	100.0%	0.0%
Patient		7	76	16	30	0	3	125	0
1/1/2013 <b>to</b>	12/31/2013	38.0	1%	11.3%	49.3%	1.4%	0.0%	100.0%	0.0%
Net Revenue		\$2,289,213	\$68	2,999	\$2,969,402	\$87,094	\$0	\$6,028,708	\$0
Pa	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	5	Hispanic Latino	Patients:	39
<14 yrs	0	0	0	Native A	American/ Indian:	2	Non-Hispanic La	atino Patien	77
15-44 yr	13	11	24	Black/ A	African American :	65	Unknown Ethnic	city Patients	9
45-64 yr	23	21	44	Hawaiia	n /Pacific Islande	2	TOTAL:		125
65-74 yr	25	12	37	White:		42			
75 < yrs	9	11	20	Unknow	/n :	9			
Total	70	55	125	TOTAL:		125			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Prairie
Address: 1717 South Wabash Avenue

City: Chicago County: Cook HSA: 6 Medicare ID: 14-2569 Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation
Property Owner: LOOP AUTO PARKS, INC.

Other Ownership:

Medical Director Name: Sheldon Hirsh, M.D.

Provides Incenter Noctural Dialysis:

<b>STATION INFORMATION</b>		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	24	Dialysis Technician :	9		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

#### Dialysis Station Utilization for the Week of Oct 1 - 7 **Date of Operation** Oct 1 Oct 2 Oct 3 Oct 4 Oct 5 Oct 6 Oct 7 Hours operated 17 12 17 12 0 17 12 **Number of Patients Treated** 62 37 59 40 0 57 41

#### Facility Utilization Information

Facility Reported Patient Information
Patients treated as of 1/1/2014: 105 In-Center Treatments in calendar year: 15,448
(Beginning patients) Number of Missed Treatments: 263

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 157 treated in calendar year:

<b>ADDITIONS to the FACILITY</b>		LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>			
New Patients:	31	Recovered patients:	0	Treatment Capacity/year (based on Stations):	22,464		
Transient Patients:	25	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	69%		
Patients Re-Started:	0	Patients transferred out:	52	Use Rate (including Missed Treatments):	70%		
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	73%		
Total:	57	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	69%		
		Patients deceased:	10				
		Total:	65				

#### Patients and Net Revenue by Payor Source

		Medic	care I	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>				
		59	0.2%	4.5%	34.4%	0.6%	1.3%	100.0%	0.0%				
Patient			93	7	54	1	2	157	0				
1/1/2013 <b>to</b> 1	12/31/2013	43	3.0%	5.4%	50.5%	0.2%	0.9%	100.0%	0.0%				
Net Revenue		\$2,551,15	53 \$3	321,700	\$2,993,523	\$11,841	\$51,124	\$5,929,341	\$0				
Pat	Patients by Age and Sex Patients			Patients by Rac	ace Patients by Ethnicity								
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	5	Hispanic Latino	Patients:	4				
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	153				
15-44 yr	15	12	27	Black	d African American :	145	Unknown Ethni	city Patients	0				
45-64 yr	42	21	63	Hawa	iian /Pacific Islande	0	TOTAL:		157				
65-74 yr	19	12	31	White	e:	7							
75 < yrs	21	15	36	Unkn	own :	0							
Total	97	60	157	TOTA	AL:	157							

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care - RAI Centre-West Springfie Name:

1112 Centre West Drive Address:

Springfield City: Sangamon County:

HSA: 3

14-2546 **Medicare ID:** 

**Legal Entity Operator:** 

RAI Care Centers of Illinois II, LLC

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** CO11 HOLDINGS, LLC

Other Ownership:

Merry Downer, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32		
Certified Stations by CMS:	16	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	16	Dialysis Technician :	8		
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

# Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	12	15	12	0	15	12	
Number of Patients Treated	40	26	42	27	0	42	25	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 63 10,194 (Beginning patients) **Number of Missed Treatments:** 344

**Average Daily Treatments:** Patients treated as of 12/31/2014: 70

**Average Treatment Time (min):** (Ending patients) 270.0

**Total Unduplicated patients** 120

treated in calendar year:

57

63

120

**Total** 

120

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	40	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	16	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	68%
Patients Re-Started:	1	Patients transferred out:	25	Use Rate (including Missed Treatments):	70%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	66%
Total:	57	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	73%
		Patients deceased:	20		

49 Total:

#### Patients and Net Revenue by Payor Source

		Medica	ire M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		61.7	7%	1.7%	35.0%	0.8%	0.8%	100.0%	0.0%
Patient			74	2	42	1	1	120	0
1/1/2013 <b>to</b>	12/31/2013	53.4	<b>1</b> %	0.8%	43.9%	0.3%	1.6%	100.0%	0.0%
Net Revenue		\$2,742,333	3 \$4	0,090	\$2,255,206	\$15,857	\$80,125	\$5,133,611	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	120
15-44 yr	1	5	6	Black	d African American :	49	Unknown Ethni	city Patients	0
45-64 yr	18	21	39	Hawa	iian /Pacific Islande	0	TOTAL:		120
65-74 yr	18	22	40	White	e:	71			
75 < yrs	20	15	35	Unkn	own :	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

## Ownership, Management and General Information

Fresenius Medical Care - Rogers Park Name:

2277 W. Howard St. Address:

Chicago City: Cook County: HSA: 6 14-2522 **Medicare ID:** 

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** ONE TWENTY LEWIS, LLC

Other Ownership:

Arnold Berns, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION FACILITY	STAFFING - FULL TIME EQUIVALENT
------------------------------	---------------------------------

Authorized Stations as of 12/31/2014: 20 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 20 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 20 Dialysis Technician: 9 20 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	12	16	12	0	16	12
Number of Patients Treated	47	37	45	36	0	45	33

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 78 12.545 (Beginning patients) **Number of Missed Treatments:** 154

**Average Daily Treatments:** Patients treated as of 12/31/2014: 85

(Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 133

Total:

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 28 Recovered patients: 0 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 26 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 67% Patients Re-Started: 0 Patients transferred out: 39 Use Rate (including Missed Treatments): 68% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 65% **Post-Transplant Patien** 55 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 71% Patients deceased: 9

#### Patients and Net Revenue by Payor Source

48

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	62.4%	12.8%	17.3%	5.3%	2.3%	100.0%	0.0%
Patient	83	17	23	7	3	133	0
1/1/2013 <b>to</b> 12/31/2013	52.0%	13.7%	30.3%	2.7%	1.3%	100.0%	0.0%
Net Revenue	\$2,056,803	\$543,903	\$1,199,163	\$106,837	\$51,220	\$3,957,926	\$0

Net Revenue		\$2,056,803	) \$54 <sub>-</sub>	3,903	\$1,199,163	\$100,037	<b>Φ</b> 51,220	\$3,957,926	φυ
Pat	Patients by Age and Sex			Patients by Race			Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	17	Hispanic Latino	Patients:	39
<14 yrs	0	0	0	Native A	American/ Indian:	1	Non-Hispanic L	_atino Patien	86
15-44 yr	11	11	22	Black/	African American :	44	Unknown Ethn	icity Patients	8
45-64 yr	23	22	45	Hawaiia	an /Pacific Islande	0	TOTAL:		133
65-74 yr	17	19	36	White:		56			
75 < yrs	16	14	30	Unknov	vn :	15			
Total	67	66	133	TOTAL:		133			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Rolling Meadows

Address: 4180 Winnetka Avenue

City: Rolling Meadows

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2525

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company Property Owner: RMS Properties, Inc.

Other Ownership:

Medical Director Name: Azza Suleiman, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	6
Peak Authorized Stations Operated:	24	Dialysis Technician :	14
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	54	43	62	47	0	60	48	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 109 In-Center Treatments in calendar year: 15,997 (Beginning patients) Number of Missed Treatments: 334

(Beginning patients)

Number of Missed Treatments:

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

240.0

Total Unduplicated patients 162

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ABBITTORE TO THE TATE	<u> </u>			<u>002 11/112 101 1110 1710 1211 1</u>	
New Patients:	39	Recovered patients:	4	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	11	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	2	Patients transferred out:	34	Use Rate (including Missed Treatments):	73%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	76%
Total:	53	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	11		

Patients deceased: 11 Total: 55

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	64.2%	2.5%	31.5%	1.9%	0.0%	100.0%	0.0%
Patient	104	4	51	3	0	162	0
1/1/2013 <b>to</b> 12/31/2103	55.4%	8.8%	34.8%	1.0%	0.0%	100.0%	0.0%
Net Revenue	\$2,791,175	\$442,267	\$1,752,231	\$49,081	\$0	\$5,034,753	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	29	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	133	
15-44 yr	12	11	23	Black/ African American :	10	Unknown Ethnicity Patients	0	
45-64 yr	26	18	44	Hawaiian /Pacific Islande	0	TOTAL:	162	
65-74 yr	20	12	32	White:	143			
75 < yrs	30	33	63	Unknown:	0			
Total	88	74	162	TOTAL:	162			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - Round Lake Name:

Address: 401 Nippersink Avenue

Round Lake City: Lake County: HSA: 8 14-2616 **Medicare ID:** 

**Legal Entity Operator:** 

National Medical Care, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner: ROCKFORD 550, LLC** 

Other Ownership:

Nino Alapishvili, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	QUIVALENT
	4.0		

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	39	38	41	40	0	41	35

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 79 9,526 (Beginning patients) **Number of Missed Treatments:** 89 **Average Daily Treatments:** Patients treated as of 12/31/2014: 71

(Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 108 treated in calendar year:

ADDITIONS to the FACILITY **LOSSES to the FACILITY** 

Total:

**USE RATE for the FACILITY New Patients:** 20 Recovered patients: 0 Treatment Capacity/year (based on Stations): 16,848 **Transient Patients:** 6 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 57% Patients Re-Started: 0 Patients transferred out: 28 Use Rate (including Missed Treatments): 57% 3 Patients voluntarily discontinued Use Rate (Begining patients treated): 73% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 66% Total: 29 1 Patients deceased: 6

## Patients and Net Revenue by Payor Source

39

		Medica	e Me	dicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		64.8	%	6.5%	23.1%	2.8%	2.8%	100.0%	0.0%
Patient		7	<b>'</b> 0	7	25	3	3	108	0
1/1/2013 <b>to</b>	12/31/2013	67.7	%	7.9%	19.3%	1.4%	3.6%	100.0%	0.0%
Net Revenue		\$2,309,109	\$270	,729	\$657,271	\$49,445	\$124,185	\$3,410,739	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicit	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	7	Hispanic Latino	Patients:	35
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	73

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	35
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	73
15-44 yr	5	6	11	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	31	11	42	Hawaiian /Pacific Islande	0	TOTAL:	108
65-74 yr	20	7	27	White:	97		
75 < yrs	14	14	28	Unknown:	0		
Total	70	38	108	TOTAL:	108		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

STATION INFORMATION

## Ownership, Management and General Information

Name: Fresenius Medical Care - Saline County

Address: 275 Small Street, Ste 200

City: Harrisburg
County: Saline
HSA: 5
Medicare ID: 14-2573

**Legal Entity Operator:** 

Bio-Medical Applications of Illinois, Inc.

EACH ITY STAFFING FILL TIME FOLIVALENT

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Lewis Lane, LLC

Other Ownership:

Medical Director Name: Randy Cowart, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	16	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	

 Isolation Stations Set up in Oct 1-7:
 1
 Social Worker:
 0

 (subset of authorized stations)
 LPN:
 0

 Number of Shifts Operated per day
 Other Health:
 0

 Other Non-Health:
 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	0	10	10
Number of Patients Treated	26	17	26	18	0	25	22

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 42 In-Center Treatments in calendar year: 6,744 (Beginning patients) Number of Missed Treatments: 213

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

300.0

Total Unduplicated patients 82 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	32	Recovered patients:	3	Treatment Capacity/year (based on Stations):	14,976
<b>Transient Patients:</b>	8	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	45%
Patients Re-Started:	0	Patients transferred out:	8	Use Rate (including Missed Treatments):	46%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	44%
Total:	40	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	8		

Total: 20

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	70.7%	7.3%	11.0%	1.2%	9.8%	100.0%	0.0%
Patient	58	6	9	1	8	82	0
1/1/2013 <b>to</b> 12/31/2013	45.4%	45.4%	8.3%	0.4%	0.4%	100.0%	0.0%
Net Revenue	\$2,100,906	\$2,100,906	\$381,412	\$19,654	\$19,654	\$4,622,534	\$0
Patients by Age	and Sex		Patients by Race	<u>1</u>	<u>Pat</u>	ients by Ethnicity	!
CE CPOURS MALE	EEMALE TO	λτω Λείαη	Patients:	0	Hispanic Latino	Dationts:	1

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	81
15-44 yr	7	2	9	Black/ African American :	7	Unknown Ethnicity Patients	0
45-64 yr	10	13	23	Hawaiian /Pacific Islande	0	TOTAL:	82
65-74 yr	18	8	26	White:	75		
75 < yrs	12	12	24	Unknown:	0		
Total	47	35	82	TOTAL:	82		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care - Skokie Name:

9801 Woods Drive Address:

Skokie City: Cook County: HSA: 7 Medicare ID: 14-2618 **Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** OLD ORCHARD WOODS MANAGEMENT

Other Ownership:

Christopher Najafi, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

## **STATION INFORMATION**

Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	4
Peak Authorized Stations Operated:	14	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	12	16	12	0	16	12
Number of Patients Treated	40	25	41	23	0	39	24

## **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** 9,030 In-Center Treatments in calendar year:

Patients treated as of 1/1/2014: 60 (Beginning patients)

**Number of Missed Treatments:** 14

Patients treated as of 12/31/2014: 57 (Ending patients)

**Average Daily Treatments:** 

**Total Unduplicated patients** 

**Average Treatment Time (min):** 

treated in calendar year:

#### ADDITIONS to the FACILITY

New Patients:	29
Transient Patients:	8
Patients Re-Started:	0
Post-Transplant Patien	0
Total:	37

103

LOSSES to the FACILITY	
Recovered patients:	1
Transplant Recipients:	2
Patients transferred out:	23
Patients voluntarily discontinued	5
Patients lost to follow up:	0
Patients deceased:	10
Total:	41

#### LICE DATE for the EACH ITY

300.0

USE RATE for the FACILITY	
Treatment Capacity/year (based on Stations):	13,104
Use Rate (Treatments/Treatment capacity):	69%
Use Rate (including Missed Treatments):	69%
Use Rate (Begining patients treated):	71%
Use Rate (Year end Patients/Stations*6):	68%

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	77.7%	2.9%	16.5%	1.9%	1.0%	100.0%	0.0%
Patient	80	3	17	2	1	103	0
1/1/2013 <b>to</b> 12/31/2013	65.3%	1.2%	32.8%	0.8%	0.0%	100.0%	0.0%
Net Revenue	\$2,704,090	\$49,322	\$1,357,224	\$32,923	\$0	\$4,143,559	\$0
Patients by Age	and Sex		Patients by Rac	е	Pat	tients by Ethnicit	v

	Ψ=,. σ .,σσ.		φ.,σσ.,==.	*,	Ψ1,110,000	Ψ.		
Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
MALE	FEMALE	TOTAL	Asian Patients:	27	Hispanic Latino Patients:	5		
0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	98		
3	4	7	Black/ African American :	14	Unknown Ethnicity Patients	0		
22	6	28	Hawaiian /Pacific Islande	0	TOTAL:	103		
16	8	24	White:	62				
25	19	44	Unknown:	0				
66	37	103	TOTAL:	103				
	MALE 0 3 22 16 25	male FEMALE  0 0 3 4 22 6 16 8 25 19	MALE FEMALE TOTAL           0         0         0           3         4         7           22         6         28           16         8         24           25         19         44	Patients by Age and Sex   Patients by Race	Patients by Age and Sex           MALE         FEMALE         TOTAL         Asian Patients:         27           0         0         0         Native American/ Indian:         0           3         4         7         Black/ African American:         14           22         6         28         Hawaiian /Pacific Islande         0           16         8         24         White:         62           25         19         44         Unknown:         0	Patients by Age and Sex   Patients by Race   Patients by Ethnicity		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - South Chicago

Address: 9202 South Chicago Avenue

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2519

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company Property Owner: ROCKFORD 550, LLC

Other Ownership:

Medical Director Name: Kareen Simpson, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014:	36	Full-Time Work Week:	32
Certified Stations by CMS:	36	Regsitered Nurse :	7
Peak Authorized Stations Operated:	36	Dialysis Technician :	17
Authorized Stations Setup and Staffed in Oct 1-7:	36	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	17.75	18	0	17.75	18	
Number of Patients Treated	81	68	83	71	0	82	72	

## **Facility Utilization Information**

#### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 172 In-Center Treatments in calendar year: 23,433 (Beginning patients) Number of Missed Treatments: 997
Patients treated as of 12/31/2014: Average Daily Treatments: 4
(Ending patients) Average Treatment Time (min): 270.0

(Ending patients)

Total Unduplicated patients 235

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>/                                      </u>	LOGGES to the I ACILITY		OSE RATE TOT THE FACILITY	
New Patients:	61	Recovered patients:	5	Treatment Capacity/year (based on Stations):	33,696
Transient Patients:	0	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	1	Patients transferred out:	48	Use Rate (including Missed Treatments):	73%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	80%
Total:	63	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	75%
		Patients deceased:	24		
		Total:	86		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	63.0%	4.8%	31.7%	0.0%	0.4%	100.0%	2.2%
Patient	145	11	73	0	1	230	5
1/1/2013 <b>to</b> 12/31/2013	55.5%	11.4%	31.6%	1.1%	0.5%	100.0%	0.0%
Net Revenue	\$4,685,669	\$962,489	\$2,665,638	\$92,200	\$42,679	\$8,448,675	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TO	ΓAL Asian	Patients:	0	Hispanic Latino	Patients:	42

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	42	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	193	
15-44 yr	25	11	36	Black/ African American :	156	Unknown Ethnicity Patients	0	
45-64 yr	51	32	83	Hawaiian /Pacific Islande	1	TOTAL:	235	
65-74 yr	36	28	64	White:	78			
75 < yrs	28	24	52	Unknown:	0			
Total	140	95	235	TOTAL:	235			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - South Holland

Address: 17225 South Paxton Avenue

City: South Holland

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2542

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

Property Owner: Physicians' Capital Investments, LLC

Other Ownership:

Medical Director Name: Ramash Soundararajan, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	19	Full-Time Work Week:	32
Certified Stations by CMS:	19	Regsitered Nurse :	6
Peak Authorized Stations Operated:	19	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	44	41	42	42	0	44	40	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 84 In-Center Treatments in calendar year: 13,132 (Beginning patients) Number of Missed Treatments: 410

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min):

280.0

Total Unduplicated patients 146

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u> </u>	LOSSES to the I ACIEIT I		OSE RATE IOI LITE FACILITY	
New Patients:	62	Recovered patients:	1	Treatment Capacity/year (based on Stations):	17,784
Transient Patients:	12	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	0	Patients transferred out:	31	Use Rate (including Missed Treatments):	76%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	74%
Total:	75	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	86%
		Patients deceased:	9		

Total: 46

#### Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		46.6	%	6.8%	43.8%	1.4%	1.4%	100.0%	0.0%
Patient		(	68	10	64	2	2	146	0
1/1/2013 <b>to</b>	12/31/2013	41.7	<b>'</b> %	6.3%	51.7%	0.4%	0.0%	100.0%	0.0%
Net Revenue		\$1,970,031	\$29	5,893	\$2,441,760	\$17,024	\$0	\$4,724,708	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race	<u>e</u>	<u>Pat</u>	ients by Ethnicit	<u>V</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	8
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	138
15-44 yr	10	8	18	Black	/ African American :	134	Unknown Ethnic	city Patients	0
45-64 yr	55	17	72	Hawa	iian /Pacific Islande	0	TOTAL:		146
65-74 yr	15	14	29	White	<b>)</b> :	10			
75 < yrs	14	13	27	Unkn	own:	0			
Total	94	52	146	TOTA	AL:	146			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - South Shore

Address: 2420 East 79th Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2572

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: CHICAGO DIALYSIS I, LLC

Other Ownership:

Medical Director Name: Clark McClurkin, M.D. Provides Incenter Noctural Dialysis:

<b>STATION INFORMATION</b>	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

# <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	34	28	37	32	0	26	28	

## **Facility Utilization Information**

75 < yrs

**Total** 

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 77 In-Center Treatments in calendar year: 9,448 (Beginning patients) Number of Missed Treatments: 406
Patients treated as of 12/31/2014: 75 Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

Average Treatment Time (min): 255.0

Total Unduplicated patients 120 treated in calendar year:

4

62

5

58

9

120

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY	ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
--	---------------------------	------------------------	---------------------------

ADDITIONO TO THE LAC	<u>/  L                                    </u>	LOCOLO LO LIIC I ACILITI		OOL HATE TOT THE TAGILITY	
New Patients:	31	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	12	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	63%
Patients Re-Started:	0	Patients transferred out:	36	Use Rate (including Missed Treatments):	66%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	80%
Total:	43	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	10		
		Total:	49		

#### Patients and Net Revenue by Payor Source

		Medic	are Mo	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		60	.0%	8.3%	25.0%	3.3%	3.3%	100.0%	0.0%
Patient			72	10	30	4	4	120	0
1/1/2013 <b>to</b> 1	12/31/2013	56	.3%	8.6%	33.3%	1.6%	0.3%	100.0%	0.0%
Net Revenue		\$1,901,89	96 \$28	9,039	\$1,125,977	\$52,930	\$10,267	\$3,380,109	\$0
Dot				1	Batianta ka Basa	_	Det		
<u>Fal</u>	<u>tients by Ag</u>	<u>e and Sex</u>			Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u>/</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients by Race	0	Hispanic Latino		2
			<b>TOTAL</b> 0					Patients:	-
AGE GROUPS		FEMALE	_	Nativ	Patients:	0	Hispanic Latino	Patients: atino Patien	2
AGE GROUPS <14 yrs	MALE 0	FEMALE	0	Native Black	Patients: e American/ Indian:	0 0	Hispanic Latino Non-Hispanic La	Patients: atino Patien	2 118

2

120

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

# Ownership, Management and General Information

Name: Fresenius Medical Care - Southside

Address: 3134 W. 76TH STREET

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2508

Legal Entity Operator:

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Biomedical Medical Partners LLC

Other Ownership:

Medical Director Name: Ashutosh Gupta, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	39	Full-Time Work Week:	32
Certified Stations by CMS:	39	Regsitered Nurse :	8
Peak Authorized Stations Operated:	39	Dialysis Technician :	17
Authorized Stations Setup and Staffed in Oct 1-7:	39	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	3

# <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	87	86	94	88	0	93	90	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 207 In-Center Treatments in calendar year: 26,660 (Beginning patients) Number of Missed Treatments: 1,727

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 307

Total:

treated in calendar year:

ADDITIONS to the FACILITY

# LOSSES to the FACILITY USE RATE for the FACILITY

ABBITTORE TO THE TATE	<u> </u>			<u>002 11/112 101 1110 1710 1211 1</u>	
New Patients:	87	Recovered patients:	1	Treatment Capacity/year (based on Stations):	36,504
Transient Patients:	10	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	73%
Patients Re-Started:	2	Patients transferred out:	50	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	88%
Total:	99	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	40		

#### Patients and Net Revenue by Payor Source

97

					_			
		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		54.4%	11.7%	25.4%	6.5%	2.0%	100.0%	0.0%
Patient		167	36	78	20	6	307	0
1/1/2013 <b>to</b> 12/3	1/2013	55.9%	14.5%	26.8%	1.7%	1.1%	100.0%	0.0%
Net Revenue		\$4,797,430	\$1,239,729	\$2,301,289	\$148,676	\$91,832	\$8,578,956	\$0
Patient	ts by Ag	e and Sex		Patients by Rac	<u>:e</u>	<u>Pa</u>	tients by Ethnicit	У
AGE GROUPS N	//ALE	FEMALE 1	OTAL Asia	n Patients:	1	Hispanic Latino	Patients:	60
<14 vrs	0	0	0 Nativ	/e American/ Indian:	0	Non-Hispanic L	atino Patien	244

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	60
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	244
15-44 yr	40	34	74	Black/ African American :	241	Unknown Ethnicity Patients	3
45-64 yr	74	57	131	Hawaiian /Pacific Islande	1	TOTAL:	307
65-74 yr	15	37	52	White:	61		
75 < yrs	22	28	50	Unknown:	3		
Total	151	156	307	TOTAL:	307		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Spoon River

Address: 340 S. Avenue B

City: Canton
County: Fulton
HSA: 2
Medicare ID: 14-2565

Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation
Property Owner: Graham Hospital

Other Ownership:

Medical Director Name: Anthony Horinek, M.D. Provides Incenter Noctural Dialvsis:

# STATION INFORMATION FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014:	9	Full-Time Work Week:	32
Certified Stations by CMS:	9	Regsitered Nurse :	2
Peak Authorized Stations Operated:	9	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	13	16	13	0	16	13
Number of Patients Treated	19	15	19	13	0	21	15

#### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 34 In-Center Treatments in calendar year: 5,351 (Beginning patients) Number of Missed Treatments: 57

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 55 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITION TO THE	<u> </u>			<u> </u>	
New Patients:	18	Recovered patients:	1	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	64%
Patients Re-Started:	1	Patients transferred out:	7	Use Rate (including Missed Treatments):	64%
Post-Transplant Patien	2	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	63%
Total:	24	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	70%
		Patients deceased:	6		

## Patients and Net Revenue by Payor Source

20

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	72.7%	5.5%	21.8%	0.0%	0.0%	100.0%	0.0%
Patient	40	3	12	0	0	55	0
1/1/2013 <b>to</b> 12/31/2013	44.2%	0.5%	55.0%	0.3%	0.0%	100.0%	0.0%
Net Revenue	\$1,015,662	\$11,771	\$1,263,491	\$7,342	\$0	\$2,298,266	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	55
15-44 yr	2	1	3	Black/ African American :	2	Unknown Ethnicity Patients	0
45-64 yr	7	4	11	Hawaiian /Pacific Islande	0	TOTAL:	55
65-74 yr	7	8	15	White:	53		
75 < yrs	17	9	26	Unknown:	0		
Total	33	22	55	TOTAL:	55		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care - Spring Valley Name:

12 Wolfer Industrial Park Address:

Spring Valley City: Bureau County: HSA: 2 14-2564

**Medicare ID:** 

**Property Owner:** 

**Legal Entity Owner:** For Profit Corporation Ownership Type: Kim J Resetich

Dialysis Centers of America - Illinois, Inc.

Other Ownership:

**Legal Entity Operator:** 

Ben Pflederer, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	17	Full-Time Work Week:	32	
Certified Stations by CMS:	17	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	17	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

#### Dialysis Station Utilization for the Week of Oct 1 - 7 **Date of Operation** Oct 1 Oct 2 Oct 3 Oct 4 Oct 5 Oct 6 Oct 7 Hours operated 15 11 15 11 0 15 11 31 **Number of Patients Treated** 28 33 29 0 31 29

#### Facility Utilization Information

Facility Reported Treatment Information **Facility Reported Patient Information** Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 9,806 62 (Beginning patients) **Number of Missed Treatments:** 219 **Average Daily Treatments:** Patients treated as of 12/31/2014: 62 (Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 82 treated in calendar year:

ADDITIONS to the FAC	ILITY	<b>LOSSES to the FACILITY</b>		<b>USE RATE for the FACILITY</b>	
New Patients:	17	Recovered patients:	3	Treatment Capacity/year (based on Stations):	15,912
Transient Patients:	1	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	62%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	63%
Post-Transplant Patien	2	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	61%
Total:	20	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	13		
		Total:	27		

# Patients and Net Revenue by Payor Source

		Medic	are I	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		75.	.6%	2.4%	15.9%	2.4%	3.7%	100.0%	0.0%
Patient			62	2	13	2	3	82	0
1/1/2013 <b>to</b>	12/31/2013	60.	.9%	0.1%	35.3%	0.3%	3.4%	100.0%	0.0%
Net Revenue		\$1,993,09	00	\$3,432	\$1,156,028	\$9,504	\$111,812	\$3,273,865	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	4
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	78
15-44 yr	8	1	9	Black	/ African American :	1	Unknown Ethni	city Patients	0
45-64 yr	18	11	29	Hawa	iian /Pacific Islande	0	TOTAL:		82
65-74 yr	9	6	15	White	<b>)</b> :	81			
75 < yrs	15	14	29	Unkn	own:	0			
Total	50	32	82	TOTA	AL:	82			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care - West Metro Name:

1044 North Mozart Address:

Chicago City: Cook County: HSA: 6 **Medicare ID:** 14-2536

**Legal Entity Operator:** 

WSKC Dialysis Services, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Norweigian American Hospital

Other Ownership:

Remegio Vilbar, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<u> FACILITY STAFFING - FULL TIME E</u>	QUIVALENT
s as of 12/21/2014:	32	Full-Time Work Week:	21

Authorized Stations as of 12/31/2014: 32 Full-Time Work Week: **Certified Stations by CMS:** 32 Regsitered Nurse: 9 **Peak Authorized Stations Operated:** 32 Dialysis Technician: 17 32 2 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 2 (subset of authorized stations) LPN: 2 Number of Shifts Operated per day Other Health : 0 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
<b>Number of Patients Treated</b>	76	79	81	80	0	85	78

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 182 25.225 (Beginning patients) **Number of Missed Treatments:** 1,398

**Average Daily Treatments:** Patients treated as of 12/31/2014: 178

(Ending patients) Average Treatment Time (min): 250.0

**Total Unduplicated patients** 236 treated in calendar year:

ADDITIONS to the FACILITY

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 46 Recovered patients: 0 Treatment Capacity/year (based on Stations): 29,952 **Transient Patients:** 7 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 84% Patients Re-Started: 1 Patients transferred out: 35 Use Rate (including Missed Treatments): 89% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 95% **Post-Transplant Patien** 1 54 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 1 93%

Patients deceased: 19 Total: 58

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	58.9%	14.4%	22.9%	3.0%	0.8%	100.0%	0.0%
Patient	139	34	54	7	2	236	0
1/1/2013 <b>to</b> 12/31/2013 <b>Net Revenue</b>	<i>46.0%</i> \$4.291.895	<i>16.6%</i> \$1.547.904	33.5% \$3,120,262	<i>3.5%</i> \$328.353	<i>0.4%</i> \$32,724	100.0% <b>\$9,321,138</b>	<i>0.0%</i> \$0

		+ , - ,-	· · · · ·	1 +-1 -1 -	+ ,	** /	* -	
<u>Pa</u>	tients by A	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	132	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	104	
15-44 yr	26	14	40	Black/ African American :	96	Unknown Ethnicity Patients	0	
45-64 yr	57	44	101	Hawaiian /Pacific Islande	0	TOTAL:	236	
65-74 yr	25	28	53	White:	136			
75 < yrs	19	23	42	Unknown:	0			
Total	127	109	236	TOTAL:	236			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care - West Suburban

Address: 518 N. Austin Blvd., 5th Floor

 City:
 Oak Park

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2530

Legal Entity Operator: WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: West Suburban Hospital Medical Center

Other Ownership:

Medical Director Name: Arthur Morris, M.D. Provides Incenter Noctural Dialysis:

<b>STATION INFORMATION</b>	<b>FACILITY STAFFING - FULL TIME</b>	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	46	Full-Time Work Week:	32	
Certified Stations by CMS:	46	Regsitered Nurse :	10	
Peak Authorized Stations Operated:	46	Dialysis Technician :	26	
Authorized Stations Setup and Staffed in Oct 1-7:	46	Dietician :	2	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2	
(subset of authorized stations)		LPN:	1	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	4	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	112	105	117	110	0	120	109	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 241 In-Center Treatments in calendar year:

(Beginning patients) Number of Missed Treatments: 430

Patients treated as of 12/31/2014: Average Daily Treatments:

Medicaid

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 363

Total:

Medicare

treated in calendar year:

ADDITIONS to the FACILITY

#### LOSSES to the FACILITY USE RATE for the FACILITY

**Private Pav** 

Other Public

**TOTAL** Charity Care

7.12 2 1 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	<u> </u>			<u> </u>	
New Patients:	71	Recovered patients:	4	Treatment Capacity/year (based on Stations):	43,056
Transient Patients:	47	Transplant Recipients:	8	Use Rate (Treatments/Treatment capacity):	
Patients Re-Started:	2	Patients transferred out:	76	Use Rate (including Missed Treatments):	
Post-Transplant Patien	2	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	87%
Total:	122	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	27		

## Patients and Net Revenue by Payor Source

**Private Insurance** 

118

		60.6	%	9.9%	25.6%	1.7%	2.2%	100.0%	0.0%
Patient		22	20	36	93	6	8	363	0
1/1/2013 <b>to</b>	12/31/2013	66.9	%	10.9%	20.2%	2.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,733,109	\$28	32,326	\$522,157	\$52,431	\$0	\$2,590,023	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	2	Hispanic Latino	Patients:	19
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic Latino Patien		344
15-44 yr	32	18	50	Black/ African American :		330	Unknown Ethnicity Patients		0
45-64 yr	81	64	145	Hawaiiaı	n /Pacific Islande	0	TOTAL:	-	363
65-74 yr	43	53	96	White:		31			
75 < yrs	35	37	72	Unknow	n:	0			
Total	191	172	363	TOTAL:		363			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care - Westchester

Address: 2400 Wolf Road, Ste 101A

City: Westchester

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2520

Legal Entity Operator: DuPage Dialysis, LTD

Legal Entity Owner:

Ownership Type: Limited Partnership

Property Owner: TANDEM REAL ESTATE, LLC

Other Ownership:

Medical Director Name: Leonard Potempa, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	5
Peak Authorized Stations Operated:	20	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
solation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
lumber of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	18	18	0	18	18
Number of Patients Treated	54	45	54	50	0	53	45

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 97 In-Center Treatments in calendar year: 14,454 (Beginning patients) Number of Missed Treatments: 182

Patients treated as of 12/31/2014:

93

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 340.0

Total Unduplicated patients 145

Total:

treated in calendar year:

ADDITIONS to the FACILITY

## LOSSES to the FACILITY USE RATE for the FACILITY

7 15 5 1 1 1 G 1 G 1 G 1 G 1 7 1 G	<del></del>			<u> </u>	
New Patients:	35	Recovered patients:	1	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	14	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	77%
Patients Re-Started:	0	Patients transferred out:	32	Use Rate (including Missed Treatments):	78%
Post-Transplant Patien	4	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	81%
Total:	53	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	18		

## Patients and Net Revenue by Payor Source

57

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	67.6%	4.1%	25.5%	1.4%	1.4%	100.0%	0.0%
Patient	98	6	37	2	2	145	0
1/1/2013 <b>to</b> 12/31/2013	61.2%	3.8%	33.0%	0.7%	1.2%	100.0%	0.0%
Net Revenue	\$2,727,197	\$170,366	\$1,471,508	\$29,675	\$54,808	\$4,453,555	\$0
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	ients by Ethnicity	Ĺ
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	3	Hispanic Latino	Patients:	9

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	Asian Patients: 3		9	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	136	
15-44 yr	6	6	12	Black/ African American :	36	Unknown Ethnicity Patients	0	
45-64 yr	33	19	52	Hawaiian /Pacific Islande	0	TOTAL:	145	
65-74 yr	22	20	42	White:	106			
75 < yrs	17	22	39	Unknown:	0			
Total	78	67	145	TOTAL:	145			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care Aurora Dialysis Center Name:

455 Mercy Lane Address:

Aurora City: Kane County: 8

HSA: 14-2515 **Medicare ID:** 

**Legal Entity Operator:** WSKC Dialysis Services, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** AMERICAN REALTY CAPITAL OPERATING

TOTAL:

0

0

117

176

176

Other Ownership:

**Medical Director Name:** Navinchandra Dodhia, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION					
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32		
Certified Stations by CMS:	24	Regsitered Nurse :	10		
Peak Authorized Stations Operated:	24	Dialysis Technician :	15		
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	63	60	62	58	0	66	52	

## Facility Utilization Information

45-64 yr

65-74 yr 75 < yrs

**Total** 

**Facility Reported Treatment Information Facility Reported Patient Information** 

18,303 Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 123 (Beginning patients) **Number of Missed Treatments:** 619

**Average Daily Treatments:** Patients treated as of 12/31/2014: 134

(Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 176 treated in calendar year:

28

27

15

81

35

23

26

95

63

50

41

176

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>ILIIT</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	57	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	23	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	0	Patients transferred out:	55	Use Rate (including Missed Treatments):	84%
Post-Transplant Patien	4	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	85%
Total:	84	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	93%
		Patients deceased:	16		
		Total:	82		

## Patients and Net Revenue by Payor Source

		Medic	are Mo	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		58.	.0%	4.0%	33.5%	4.0%	0.6%	100.0%	0.0%
Patient			102	7	59	7	1	176	0
1/1/2103 <b>to</b>	12/31/2013	48.	.5%	4.8%	45.0%	1.7%	0.0%	100.0%	0.0%
Net Revenue		\$3,249,30	)1 \$32	0,029	\$3,009,297	\$114,617	\$0	\$6,693,244	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race		<u>Pati</u>	ients by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:		12	Hispanic Latino	Patients:	68
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic Latino Patien		108
15-44 yr	11	11	22	Black/ African American :		47	Unknown Ethnicity Patients		0

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Hawaiian /Pacific Islande

White:

TOTAL:

Unknown:

# Ownership, Management and General Information

Fresenius Medical Care Blue Island Name: 12200 Western Avenue, Suite 120 Address:

Blue Island City: Cook County: HSA: 14-2539 **Medicare ID:** 

**Legal Entity Operator:** 

WSKC Dialysis Services, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Blue Island Retail Venture, LLC

Other Ownership:

Salvatore Ventura, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	5
Peak Authorized Stations Operated:	24	Dialysis Technician :	12
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	59	63	62	60	0	59	61	

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 127 18.996 (Beginning patients) **Number of Missed Treatments:** 607

**Average Daily Treatments:** Patients treated as of 12/31/2014: 130

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 176 treated in calendar year:

43

19

21

94

45-64 yr

65-74 yr

75 < yrs

**Total** 

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 49 Recovered patients: 1 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 0 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 85% Patients Re-Started: 0 Patients transferred out: 27 Use Rate (including Missed Treatments): 87% 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 88% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 90% Total: 49 1

> Patients deceased: 9 Total: 45

> > 69

44

46

176

26

25

25

82

# Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		60.	2%	4.5%	31.3%	3.4%	0.6%	100.0%	0.0%
Patient			106	8	55	6	1	176	0
1/1/2013 <b>to</b>	12/31/2013	58.	.8%	5.9%	33.6%	0.9%	0.8%	100.0%	0.0%
Net Revenue		\$3,567,03	32 \$35	8,401	\$2,040,715	\$51,953	\$47,919	\$6,066,020	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	Ĺ
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Asian Patients:		Hispanic Latino Patients:		16
<14 yrs	0	0	0	Native American/ Indian:		0	Non-Hispanic Latino Patien		160
15-44 yr	11	6	17	Black/ African American :		133	Unknown Ethnicity Patients		0

TOTAL:

0

43

0

176

176

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Hawaiian /Pacific Islande

White:

TOTAL:

Unknown:

## Ownership, Management and General Information

Fresenius Medical Care Bolingbrook Name: 329 Remington Boulevard, Suite 110 Address:

Bolingbrook City:

Will County: HSA: 9 14-2605 **Medicare ID:** 

WSKC Dialysis Services, Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

For Profit Corporation Ownership Type:

**Property Owner:** REMINGTON DEVELOPMENT PARTNERS, LLC

2

Other Ownership:

David Schlieben, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Other Non-Health:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	9
Peak Authorized Stations Operated:	24	Dialysis Technician :	12
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	58	55	61	55	0	64	56	

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 17.206 112 (Beginning patients) **Number of Missed Treatments:** 136

**Average Daily Treatments:** Patients treated as of 12/31/2014: 111

**Average Treatment Time (min):** (Ending patients) 300.0

**Total Unduplicated patients** 193 treated in calendar year:

**ADDITIONS to the FACILITY** LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 58 Recovered patients: 3 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 22 **Transplant Recipients:** 5 Use Rate (Treatments/Treatment capacity): 77% Patients Re-Started: 0 Patients transferred out: 59 Use Rate (including Missed Treatments): 77% Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 78% **Post-Transplant Patien** 1 81 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 77%

Patients deceased: 10 Total: 80

# Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	64.2%	3.1%	25.4%	4.1%	3.1%	100.0%	0.0%
Patient	124	6	49	8	6	193	0
1/1/2013 <b>to</b> 12/31/2013	44.2%	3.7%	50.8%	0.8%	0.5%	100.0%	0.0%
Net Revenue	\$3,434,076	\$287,283	\$3,948,402	\$58,435	\$37,689	\$7,765,885	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	<b>y</b>

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	27	Hispanic Latino Patients:	27	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	166	
15-44 yr	21	11	32	Black/ African American :	70	Unknown Ethnicity Patients	0	
45-64 yr	44	27	71	Hawaiian /Pacific Islande	0	TOTAL:	193	
65-74 yr	27	21	48	White:	95			
75 < yrs	17	25	42	Unknown:	0			
Total	109	84	193	TOTAL:	193			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care Breese

Address: 160 N. Main Street

City: Breese
County: Clinton
HSA: 11
Medicare ID: 14-2637

Legal Entity Operator: RAI Care Centers of Illinois I, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: KID'S COLLEGE TWO, LLC

Other Ownership:

Medical Director Name: Matthew Koch, M.D.

Provides Incenter Noctural Dialvsis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014: 8 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 8 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 2 8 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	12	0	0	12	0
Number of Patients Treated	17	0	18	0	0	18	0

## Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 19 In-Center Treatments in calendar year: 2,858 (Beginning patients) Number of Missed Treatments: 32

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 41 treated in calendar year:

10

5

6

23

45-64 vr

65-74 yr

75 < yrs

**Total** 

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 11 Recovered patients: 0 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 6 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 38% Patients Re-Started: 0 Patients transferred out: 9 Use Rate (including Missed Treatments): 39% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 40% **Post-Transplant Patien** Use Rate (Year end Patients/Stations\*6): Total: 19 Patients lost to follow up: 0 46% Patients deceased: 4

Total: 15

16

11

11

41

6

6

5

18

## Patients and Net Revenue by Payor Source

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		73	.2%	2.4%	24.4%	0.0%	0.0%	100.0%	0.0%
Patient			30	1	10	0	0	41	0
1/1/2013 <b>to</b>	12/31/2013	54	.3%	0.1%	45.4%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$831,78	33	\$1,958	\$694,488	\$2,541	\$0	\$1,530,771	\$0
<u>Pa</u>	tients by Ag	e and Sex	d Sex Patients by Race			<u>Pat</u>	ients by Ethnicity	<u> </u>	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native	e American/ Indian:	0	Non-Hispanic La	atino Patien	41
15-44 yr	2	1	3	Black	/ African American :	4	Unknown Ethnic	city Patients	0

0

37

0

41

TOTAL:

41

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Hawaiian /Pacific Islande

White:

TOTAL:

Unknown:

## Ownership, Management and General Information

Name: Fresenius Medical Care Burbank

Address: 4811 W. 77th Street

City: Burbank
County: Cook
HSA: 7
Medicare ID: 14-2641

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Burbank Town Center

Other Ownership:

Medical Director Name: Vinitha Raghavan, M.D.

**Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>		
Authorized Stations as of 12/31/2014:	26	Full-Time Work Week:	32
Certified Stations by CMS:	26	Regsitered Nurse :	8
Peak Authorized Stations Operated:	26	Dialysis Technician :	16

**Certified Statio Peak Authorize** Authorized Stations Setup and Staffed in Oct 1-7: 26 Dietician: 1 Isolation Stations Set up in Oct 1-7: 2 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	19	18	18	0	18	19	
Number of Patients Treated	64	60	68	61	0	70	62	

## Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 138 In-Center Treatments in calendar year: 16,147 (Beginning patients) Number of Missed Treatments: 577

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 198

treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 17 Recovered patients: 1 Treatment Capacity/year (based on Stations): 24,336 **Transient Patients:** 0 **Transplant Recipients:** 30 Use Rate (Treatments/Treatment capacity): 66% Patients Re-Started: 1 Patients transferred out: 1 Use Rate (including Missed Treatments): 69% 2 Patients voluntarily discontinued Use Rate (Begining patients treated): 88% **Post-Transplant Patien** 1 Use Rate (Year end Patients/Stations\*6): 96% Total: 20 Patients lost to follow up: 13

Patients deceased: 0
Total: 46

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	57.6%	9.6%	28.8%	4.0%	0.0%	100.0%	0.0%
Patient	114	19	57	8	0	198	0
1/1/2013 <b>to</b> 12/31/2103	50.4%	10.6%	38.1%	1.0%	0.0%	100.0%	0.0%
Net Revenue	\$3,101,720	\$652,524	\$2,343,665	\$59,018	\$0	\$6,156,926	\$0
				1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	8	Hispanic Latino Patients:	80
<14 yrs	0	0	0	Native American/ Indian:	6	Non-Hispanic Latino Patien	94
15-44 yr	10	16	26	Black/ African American :	90	Unknown Ethnicity Patients	24
45-64 yr	55	20	75	Hawaiian /Pacific Islande	0	TOTAL:	198
65-74 yr	19	45	64	White:	70		
75 < yrs	12	21	33	Unknown:	24		
Total	96	102	198	TOTAL:	198		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care- Carbondale

Address: 1425 E Main Street

City: Carbondale County: Jackson

**HSA:** 5 **Medicare ID:** 14-2514

**Legal Entity Operator:** 

Bio-Medical Applications of Illinois, Inc.

2

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: MGB Development Group, LLC

Other Non-Health:

Other Ownership:

Medical Director Name: Randy Cowart, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	24	Full-Time Work Week:	32
Certified Stations by CMS:	24	Regsitered Nurse :	8
Peak Authorized Stations Operated:	24	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	23	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	2
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	12	15	12	0	15	12	
Number of Patients Treated	39	38	42	40	0	44	38	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 88 In-Center Treatments in calendar year: 11,180 (Beginning patients) Number of Missed Treatments: 501

Patients treated as of 12/31/2014:

90 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 300.0

Total Unduplicated patients 148

treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LAC	<u>/  L                                    </u>	LOCOLO LO LIIC I AGILII I		OOL WATE TOT THE TAGILITY	
New Patients:	11	Recovered patients:	1	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	2	Transplant Recipients:	27	Use Rate (Treatments/Treatment capacity):	50%
Patients Re-Started:	0	Patients transferred out:	7	Use Rate (including Missed Treatments):	52%
Post-Transplant Patien	3	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	61%
Total:	16	Patients lost to follow up:	20	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	0		

Total: 56

# Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	68.2%	6.8%	17.6%	0.7%	6.8%	100.0%	0.0%
Patient	101	10	26	1	10	148	0
1/1/2013 <b>to</b> 12/31/2013	60.6%	3.7%	26.5%	0.4%	8.8%	100.0%	0.0%
Net Revenue	\$3,018,021	\$183,973	\$1,321,051	\$17,990	\$438,800	\$4,979,835	\$0
Patients by Age	and Sex		Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u></u>
AGE GROUPS MALE	FEMALE TO	ΓAL Asian	Patients:	1	Hispanic Latino	Patients:	3

<u>Pat</u>	ients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	3	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	145	
15-44 yr	6	8	14	Black/ African American :	46	Unknown Ethnicity Patients	0	
45-64 yr	30	20	50	Hawaiian /Pacific Islande	0	TOTAL:	148	
65-74 yr	24	14	38	White:	101			
75 < yrs	26	20	46	Unknown:	0			
Total	86	62	148	TOTAL ·	148			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care Champaign
Address: 1405 West Park Street, Suite 100

City: Urbana
County: Champaign

**HSA:** 4 **Medicare ID:** 14-2588

Legal Entity Operator:

Renal Research Institute, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

Property Owner: Tim Max

Other Ownership:

Medical Director Name: Abdel-Moneim Attia
Provides Incenter Noctural Dialysis:

<b>STATION INFORMATION</b>		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	25	Full-Time Work Week:	32		
Certified Stations by CMS:	25	Regsitered Nurse :	9		
Peak Authorized Stations Operated:	25	Dialysis Technician :	14		
Authorized Stations Setup and Staffed in Oct 1-7:	25	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	4		

# <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.25	17.25	17.25	17.25	0	17.25	17.25
Number of Patients Treated	52	47	54	48	0	60	50

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 109 In-Center Treatments in calendar year: 16,501 (Beginning patients) Number of Missed Treatments: 785

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 280.0

Total Unduplicated patients 162

Medicare

treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the LAC	<u> ,,                                  </u>	<u> </u>		OOE WATE TOT THE TAGIETT	
New Patients:	46	Recovered patients:	1	Treatment Capacity/year (based on Stations):	23,400
Transient Patients:	16	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	0	Patients transferred out:	27	Use Rate (including Missed Treatments):	74%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	73%
Total:	63	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	80%
		Patients deceased:	20		

Patients deceased: 20 Total: 55

Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

						-			-
		72.2	%	13.0%	11.1%	1.2%	2.5%	100.0%	0.0%
Patient		11	17	21	18	2	4	162	0
1/1/2013 <b>to</b>	12/31/2013	37.5	<b>1</b> %	2.4%	59.3%	0.0%	0.9%	100.0%	0.0%
Net Revenue	9	\$4,157,300	\$26	3,905	\$6,575,141	\$0	\$96,079	\$11,092,425	\$0
Pa	atients by Ag	e and Sex			Patients by Race		<u>Pa</u>	tients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian P	atients:	0	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Native A	American/ Indian:	0	Non-Hispanic Latino Patien		155
15-44 yr	12	11	23	Black/ A	African American :	79	Unknown Ethnicity Patients		2
45-64 yr	32	33	65	Hawaiia	n /Pacific Islande	0	TOTAL:		162
65-74 yr	18	19	37	White:		75			
75 < yrs	10	27	37	Unknow	/n :	8			
Total	72	90	162	TOTAL:		162			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care Chatham Name:

333 West 87th Street Address:

Chicago City: Cook County: HSA: 6 14-2744 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chatham, LLC

**Legal Entity Owner:** 

Limited Liability Company Ownership Type: **Property Owner:** 333 W. 87TH STREET, LLC

Other Ownership:

**Medical Director Name:** Sreedevi Chittineni, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	16	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	12	15	12	0	15	12	
Number of Patients Treated	31	24	36	21	0	32	25	

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 57 8,471 (Beginning patients) **Number of Missed Treatments:** 634

**Average Daily Treatments:** Patients treated as of 12/31/2014: 67

(Ending patients) **Average Treatment Time (min):** 270.0

**Total Unduplicated patients** 108

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONO to the I ACIEIT I		LOGOLO LO LIIC I AGILITT		OCE RATE IOI THE LAGIETT				
New Patients:	49	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976			
Transient Patients:	11	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	57%			
Patients Re-Started:	0	Patients transferred out:	42	Use Rate (including Missed Treatments):	61%			
Post-Transplant Patien	3	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	59%			
Total:	63	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	70%			
		Patients deceased:	6					
		Total:	53					

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	63.9%	4.6%	27.8%	1.9%	1.9%	100.0%	0.0%
Patient	69	5	30	2	2	108	0
1/1/2013 <b>to</b> 12/31/2013	35.1%	3.8%	51.8%	2.3%	7.0%	100.0%	0.0%
Net Revenue	\$850,505	\$93,027	\$1,253,196	\$55,139	\$169,124	\$2,420,991	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	tients by Ethnicit	v

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	108	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	0	
15-44 yr	12	3	15	Black/ African American :	108	Unknown Ethnicity Patients	0	
45-64 yr	30	16	46	Hawaiian /Pacific Islande	0	TOTAL:	108	
65-74 yr	11	8	19	White:	0			
75 < yrs	13	15	28	Unknown:	0			
Total	66	42	108	TOTAL:	108			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care Cicero

Address: 3000 S. Cicero Avenue

City: Cicero
County: Cook
HSA: 7
Medicare ID: 14-2754

Legal Entity Operator: Fresenius Medical Care Cicero, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: STUART B. LENHOFF

Other Ownership:

Medical Director Name: Matthew Andersen, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME</b>	IME EQUIVALENT		
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	16	Dialysis Technician :	7	
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	1	
		Other Non-Health:	1	

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	20	12	20	12	0	21	11

## Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 20 In-Center Treatments in calendar year: 4,668 (Beginning patients) Number of Missed Treatments: 101

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 270.0

Total Unduplicated patients 84 treated in calendar year:

ADDITIONS to the FACILITY

51

33

84

**Total** 

# LOSSES to the FACILITY USE RATE for the FACILITY

84

**New Patients:** 27 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 37 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 31% Patients Re-Started: 0 Patients transferred out: 39 **Use Rate (including Missed Treatments):** 32% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 21% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 42% Patients deceased: 4

Total: 43

## Patients and Net Revenue by Payor Source

		Medic	care l	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		57	.1%	7.1%	31.0%	4.8%	0.0%	100.0%	0.0%
Patient			48	6	26	4	0	84	0
1/1/2013 <b>to</b>	12/31/2013	31	.1%	18.6%	50.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$111,89	97 \$	66,867	\$181,517	\$0	\$0	\$360,281	\$0
<u>Pa</u>	Patients by Age and Sex Patients by Race Patients				ents by Ethnicity	<u> </u>			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	44
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	40
15-44 yr	4	4	8	Black	/ African American :	18	Unknown Ethnic	ity Patients	0
45-64 yr	28	12	40	Hawa	iian /Pacific Islande	0	TOTAL:		84
65-74 yr	10	12	22	White	e:	66			
75 < yrs	9	5	14	Unkn	own :	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

## Ownership, Management and General Information

Fresenius Medical Care Congress Parkway Name:

Address: 3410 West Van Buren

Chicago City: Cook County: HSA: 6 14-2631 **Medicare ID:** 

**Legal Entity Operator:** 

WSKC Dialysis Services, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** CMGS, LLC

Other Ownership:

Asad Bakir, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014: 30 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 30 Regsitered Nurse: 12 **Peak Authorized Stations Operated:** 30 Dialysis Technician: 20 30 2 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 3 2 Other Non-Health:

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17.5	13.5	17.5	13.5	0	17.5	13.5	
Number of Patients Treated	70	40	73	51	0	78	46	

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 143 19.354 (Beginning patients) **Number of Missed Treatments:** 626

**Average Daily Treatments:** Patients treated as of 12/31/2014:

128 (Ending patients) Average Treatment Time (min): 270.0

**Total Unduplicated patients** 170 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 30 Recovered patients: 0 Treatment Capacity/year (based on Stations): 28,080 **Transient Patients:** 6 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 69% Patients Re-Started: 1 Patients transferred out: 35 Use Rate (including Missed Treatments): 71% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 79% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 39 0 71%

> Patients deceased: 8 Total: 47

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	62.9%	16.5%	18.8%	1.8%	0.0%	100.0%	0.0%
Patient	107	28	32	3	0	170	0
1/1/2013 <b>to</b> 12/31/2013	55.6%	17.1%	25.1%	2.2%	0.0%	100.0%	0.0%
Net Revenue	\$3,217,275	\$988,216	\$1,453,156	\$124,504	\$0	\$5,783,152	\$0
Patients by Age	and Sex	1	Patients by Rac	e	Pat	ients by Ethnicit	v

Pat	tients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	22	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	148	
15-44 yr	21	21	42	Black/ African American :	146	Unknown Ethnicity Patients	0	
45-64 yr	32	32	64	Hawaiian /Pacific Islande	0	TOTAL:	170	
65-74 yr	16	19	35	White:	24			
75 < yrs	13	16	29	Unknown:	0			
Total	82	88	170	TOTAL:	170			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care Des Plaines

Address: 1625 Oakton Place

City: Des Plaines
County: Cook
HSA: 7
Medicare ID: 14-2774

Legal Entity Operator:

Fresenius Medical Care Des Plaines, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: WASHINGTON CENTER LLC 1

Other Ownership:

Medical Director Name: Daniel Kniaz, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	<u>QUIVALENT</u>
s as of 12/31/2014:	12	Full-Time Work Week:	32

Authorized Stations as of 12/31/2014: 32 **Certified Stations by CMS:** 12 2 Regsitered Nurse: **Peak Authorized Stations Operated:** 12 Dialysis Technician: 2 12 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 0 Other Non-Health:

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	13	0	0	13	0
Number of Patients Treated	15	0	15	0	0	16	0

## Facility Utilization Information

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 1 In-Center Treatments in calendar year: 1,353 (Beginning patients) Number of Missed Treatments: 2

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 27 treated in calendar year:

Total:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 20 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 5 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 12% Patients Re-Started: 0 Patients transferred out: 9 **Use Rate (including Missed Treatments):** 12% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): **Post-Transplant Patien** 1% Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 27 0 26% Patients deceased: 0

## Patients and Net Revenue by Payor Source

9

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	59.3%	7.4%	22.2%	7.4%	3.7%	100.0%	0.0%
Patient	16	2	6	2	1	27	0
1/1/2013 <b>to</b> 12/31/2013	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$0	\$0	\$9,804	\$0	\$0	\$9,804	\$0
Patients by Age a	ınd Sex		Patients by Race	2	<u>Patie</u>	ents by Ethnicity	!
GE GROUPS MALE E	EMALE TOTAL	Asian	Patients:	2	Hispanic Latino B	Oationte:	24

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	24	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	3	
15-44 yr	3	0	3	Black/ African American :	5	Unknown Ethnicity Patients	0	
45-64 yr	3	8	11	Hawaiian /Pacific Islande	0	TOTAL:	27	
65-74 yr	3	5	8	White:	20			
75 < yrs	3	2	5	Unknown:	0			
Total	12	15	27	TOTAL:	27			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care DuQuoin

Address: 825 Sunset Avenue

City: DuQuoin
County: Perry

**HSA:** 5 **Medicare ID:** 14-2595

**Legal Entity Operator:** 

Bio-Medical Applications of Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: MDG Development Group, LLC

Other Ownership:

Medical Director Name: Randy Cowart, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION  11		FACILITY STAFFING - FULL TIME	QUIVALENT
STATION INFORMATION		FACILITY STAFFING - FULL TIME I	OUIVAL ENT

Authorized Stations as of 12/31/2014: 32 Full-Time Work Week: **Certified Stations by CMS:** 11 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 11 Dialysis Technician: 3 11 Dietician: 0 Authorized Stations Setup and Staffed in Oct 1-7: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	0	10	10
Number of Patients Treated	19	12	16	14	0	20	14

## Facility Utilization Information

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 26 In-Center Treatments in calendar year: 3,235 (Beginning patients) Number of Missed Treatments: 56

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 53

Total:

treated in calendar year:

ADDITIONS to the FACILITY

## LOSSES to the FACILITY USE RATE for the FACILITY

ABBITTORE TO THE	<u> </u>			<u>002 11/112 101 1110 1 / 101211 1</u>	
New Patients:	21	Recovered patients:	0	Treatment Capacity/year (based on Stations):	10,296
Transient Patients:	6	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	31%
Patients Re-Started:	0	Patients transferred out:	11	Use Rate (including Missed Treatments):	32%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	39%
Total:	27	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	55%
		Patients deceased:	2		

# Patients and Net Revenue by Payor Source

17

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	73.6%	1.9%	15.1%	0.0%	9.4%	100.0%	0.0%
Patient	39	1	8	0	5	53	0
1/1/2013 <b>to</b> 12/31/2013	69.9%	0.0%	17.5%	1.7%	10.8%	100.0%	0.0%
Net Revenue	\$789,381	\$0	\$197,354	\$19,730	\$122,206	\$1,128,671	\$0
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	53
15-44 yr	2	1	3	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	12	11	23	Hawaiian /Pacific Islande	0	TOTAL:	53
65-74 yr	8	3	11	White:	49		
75 < yrs	7	9	16	Unknown:	0		
Total	29	24	53	TOTAL:	53		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care Elgin Name:

2130 Point Boulevard Address:

Elgin City: Kane County: HSA: 8 14-2726 **Medicare ID:** 

Fresenius Medical Care Elgin, LLC **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** RP 2 LIMITED PARTNERSHIP

Other Ownership:

**Medical Director Name:** Raju Ray, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	8
Peak Authorized Stations Operated:	14	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	19.5	19.5	19.5	19.5	0	19.5	19.5
Number of Patients Treated	40	31	38	31	0	39	34

## Facility Utilization Information

65-74 yr

75 < yrs

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 63 10,673 (Beginning patients) **Number of Missed Treatments:** 270

**Average Daily Treatments:** Patients treated as of 12/31/2014: 78

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 132 treated in calendar year:

18

17

79

14

10

53

**LOSSES to the FACILITY** ADDITIONS to the FACILITY

**USE RATE for the FACILITY New Patients:** 44 Recovered patients: 1 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 23 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 57% Patients Re-Started: Patients transferred out: 34 Use Rate (including Missed Treatments): 58% 1 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 53% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 65% Total: 0

Patients deceased: 11 Total: 54

White:

TOTAL:

Unknown:

32

27

132

## Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		57.	6%	4.5%	31.8%	4.5%	1.5%	100.0%	0.0%
Patient			76	6	42	6	2	132	0
1/1/2013 <b>to</b> 1	12/31/2013	50.	.1%	11.6%	35.2%	1.2%	1.8%	100.0%	0.0%
Net Revenue		\$1,368,53	31 \$31	6,897	\$962,848	\$32,927	\$50,516	\$2,731,720	\$0
Pat	ients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	<u>t</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	10	Hispanic Latino	Patients:	38
<14 yrs	0	0	0	Native American/ Indian:		3	Non-Hispanic Latino Patien		94
15-44 yr	9	15	24	Black	/ African American :	23	Unknown Ethnic	city Patients	0
45-64 yr	35	14	49	Hawa	iian /Pacific Islande	0	TOTAL:		132

96

132

0

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care Elmhurst Address: 133 E. Brush Hill Road, Ste 410

City: Elmhurst
County: DuPage
HSA: 7
Medicare ID: 14-2612

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: HC ELMHURST WEST I, LLC

Other Ownership:

**Medical Director Name:** Rukhsana Muneer, M.D.

**Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>	<b>FACILITY STAFFING - FULL TIME</b>	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2014:	28	Full-Time Work Week:	32
Certified Stations by CMS:	28	Regsitered Nurse :	6
Peak Authorized Stations Operated:	28	Dialysis Technician :	14
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	12	17	12	0	17	12	
Number of Patients Treated	63	36	62	36	0	62	36	

## Facility Utilization Information

**Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 96

(Beginning patients)
Patients treated as of 12/31/2014:

(Ending patients)

Total Unduplicated patients treated in calendar year:

## **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 14,954
Number of Missed Treatments: 247

Number of Missed Treatments: Average Daily Treatments:

Average Treatment Time (min):

270.0

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:0Transient Patients:0Patients Re-Started:11Post-Transplant Patien8Total:19

LOSSES to the FACILITY

Recovered patients: 40

Transplant Recipients: 25

Patients transferred out: 24

Patients voluntarily discontinued 20

Patients lost to follow up: 31

Patients deceased: 21

Total: 161

107

180

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 26,208

Use Rate (Treatments/Treatment capacity): 57%

Use Rate (including Missed Treatments): 58%

Use Rate (Begining patients treated): 57%

Use Rate (Year end Patients/Stations\*6): 64%

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	71.4%	4.6%	24.0%	0.0%	0.0%	100.0%	2.9%
Patient	125	8	42	0	0	175	5
1/1/2013 <b>to</b> 12/31/2103	53.5%	2.3%	43.9%	0.3%	0.0%	100.0%	0.0%
Net Revenue	\$3,467,158	\$149,241	\$2,847,063	\$20,863	\$0	\$6,484,324	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	У

Pat	ients by A	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	13	Hispanic Latino Patients:	38
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	142
15-44 yr	11	8	19	Black/ African American :	35	Unknown Ethnicity Patients	0
45-64 yr	40	25	65	Hawaiian /Pacific Islande	0	TOTAL:	180
65-74 yr	24	20	44	White:	130		
75 < yrs	31	21	52	Unknown:	0		
Total	106	74	180	TOTAL:	180		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care -Glenview

Address: 4248 Commercial Way

14-2551

City: Glenview
County: Cook
HSA: 7

**Medicare ID:** 

**Legal Entity Operator:** WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: MICHIGAN AVE GROUP ADVISORY SERVICE

Other Ownership:

Medical Director Name: Venkata Behara, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	EQUIVALENT
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	4
Peak Authorized Stations Operated:	20	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	12	17	12	0	17	12	
Number of Patients Treated	55	27	54	33	0	53	29	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 85 In-Center Treatments in calendar year: 12,211 (Beginning patients) Number of Missed Treatments: 70

Patients treated as of 12/31/2014: 81 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 126

Total:

44

126

treated in calendar year:

ADDITIONS to the FACILITY

82

**Total** 

## LOSSES to the FACILITY USE RATE for the FACILITY

126

ABBITTORIO TO THE	<u> </u>			<u>002 11/112 101 1110 1710 1211 1</u>	
New Patients:	34	Recovered patients:	0	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	9	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	1	Patients transferred out:	27	Use Rate (including Missed Treatments):	66%
Post-Transplant Patien	1	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	71%
Total:	45	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	68%
		Patients deceased:	13		

# Patients and Net Revenue by Payor Source

49

		Medic	are M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		77.	8%	3.2%	15.1%	4.0%	0.0%	100.0%	0.0%
Patient			98	4	19	5	0	126	0
1/1/2013 <b>to</b>	12/31/2013	66.	9%	7.8%	23.9%	1.3%	0.0%	100.0%	0.0%
Net Revenue		\$2,671,07	2 \$3	12,891	\$954,537	\$51,949	\$0	\$3,990,448	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	24	Hispanic Latino	Patients:	17
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	109
15-44 yr	9	4	13	Black	d African American :	7	Unknown Ethni	city Patients	0
45-64 yr	26	11	37	Hawa	iian /Pacific Islande	0	TOTAL:		126
65-74 yr	18	12	30	White	e:	95			
75 < yrs	29	17	46	Unkn	own :	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

# Ownership, Management and General Information

Fresenius Medical Care Gurnee Name:

101 Greenleaf Address:

Gurnee City: Lake County: HSA: 8 14-2549 **Medicare ID:** 

**Legal Entity Operator:** 

National Medical Care, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Greenleaf Center West, LLC

Other Ownership:

Rakhi Khanna, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16.5	16.5	16.5	16.5	0	16.5	16.5	
Number of Patients Treated	39	41	41	37	0	41	40	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 78 11,673 (Beginning patients) **Number of Missed Treatments:** 242

**Average Daily Treatments:** Patients treated as of 12/31/2014: 81

Medicaid

**Average Treatment Time (min):** (Ending patients) 240.0

**Total Unduplicated patients** 115

Total:

Medicare

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>ILIII</u>	LUGGES to the PACILITY		USE RATE TOT THE FACILITY	
New Patients:	26	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	14	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	78%
Patients Re-Started:	0	Patients transferred out:	29	Use Rate (including Missed Treatments):	80%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	81%
Total:	40	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	84%
		Patients deceased:	8		

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

38

		62.2	2%	5.4%	29.7%	0.0%	2.7%	100.0%	3.6%
Patient		(	69	6	33	0	3	111	4
1/1/2013 <b>to</b>	12/31/2013	52.5	5%	14.6%	26.0%	2.8%	4.2%	100.0%	0.0%
Net Revenue		\$1,812,775	\$50	3,336	\$896,694	\$97,401	\$143,891	\$3,454,098	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	13	Hispanic Latino	Patients:	33
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	82
15-44 yr	7	8	15	Black/ A	frican American :	22	Unknown Ethni	city Patients	0
45-64 yr	21	26	47	Hawaiia	n /Pacific Islande	0	TOTAL:	•	115
65-74 yr	11	15	26	White:		80			
75 < yrs	11	16	27	Unknow	n:	0			
Total	50	65	115	TOTAL -		115			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care Joliet Name: 721 Fast Jackson Street Address:

.loliet City: Will County:

HSA: 9 14-2739 Medicare ID:

**Legal Entity Operator:** 

Fresenius Medical Care of Plainfield, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** MERIDIAN INVESTMENT PARTNERS, LLC

Other Ownership:

Mohammad Shafi. M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>		<b>FACILITY STAFFING - FULL TIME</b>	<b>EQUIVALENT</b>
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0
	4	<u> </u>	•

Peak Authorized Sta **Authorized Stations** Isolation Stations Set up in Oct 1-7: Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	13	16	13	0	16	13
Number of Patients Treated	37	19	37	20	0	33	21

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 48 8.135 (Beginning patients) **Number of Missed Treatments:** 182

**Average Daily Treatments:** Patients treated as of 12/31/2014: 66

(Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 114 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 48 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 17 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 54% Patients Re-Started: Patients transferred out: 37 Use Rate (including Missed Treatments): 56% 1 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 50% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 69% Total: 66 1

> Patients deceased: 8 Total: 48

# Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	51.8%	4.4%	35.1%	6.1%	2.6%	100.0%	0.0%
Patient	59	5	40	7	3	114	0
1/1/2013 <b>to</b> 12/31/2013	58.5%	4.0%	32.1%	2.5%	2.9%	100.0%	0.0%
Net Revenue	\$956,559	\$65,999	\$524,262	\$40,725	\$46,834	\$1,634,379	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
GE GROUPS MALE	EEMALE TOT	Al Acian	Dationte:	1	Hispanic Latino	Patients:	21

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients: 1		Hispanic Latino Patients:	21
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	93
15-44 yr	3	7	10	Black/ African American :	35	Unknown Ethnicity Patients	0
45-64 yr	36	24	60	Hawaiian /Pacific Islande	0	TOTAL:	114
65-74 yr	8	10	18	White:	78		
75 < yrs	11	15	26	Unknown:	0		
Total	58	56	114	TOTAL:	114		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care Logan Square

Address: 2721 N. Spaulding Avenue

City: Chicago County: Cook HSA: 6 Medicare ID: 14-2766 Legal Entity Operator:

Fresenius Medical Care Logan Square, LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: V.P.R.E. REAL HOLDINGS, LLC

Other Ownership:

Medical Director Name: Eduardo Cremer, M.D. Provides Incenter Noctural Dialysis:

	STATION	INFORMATION	
--	---------	-------------	--

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	6	15	6	0	15	6
Number of Patients Treated	26	2	26	2	0	26	2

## Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 3 In-Center Treatments in calendar year: 2,590 (Beginning patients) Number of Missed Treatments: 22

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 41

Total:

treated in calendar year:

ADDITIONS to the FACILITY

## LOSSES to the FACILITY USE RATE for the FACILITY

7 12 2 1 1 1 G 1 G 1 G 1 G 1 7 1 G	<del></del>			<u> </u>	
New Patients:	36	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	4	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	23%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	23%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	4%
Total:	41	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	35%
		Patients deceased:	1		

# Patients and Net Revenue by Payor Source

19

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	51.2%	2.4%	41.5%	2.4%	2.4%	100.0%	0.0%
Patient	21	1	17	1	1	41	0
1/1/2013 <b>to</b> 12/31/2013	0.0%	0.0%	89.7%	10.3%	0.0%	100.0%	0.0%
Net Revenue	\$0	\$0	\$115,165	\$13,178	\$0	\$128,343	\$0
Patients by Age a	ınd Sex		Patients by Race		<u>Pati</u>	ents by Ethnicity	
GE GROUPS MALE E	EMALE TOTAL	Λeian	Dationts:	٥	Hispanic Latino	Dationts:	27

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	27
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	14
15-44 yr	4	2	6	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	11	6	17	Hawaiian /Pacific Islande	0	TOTAL:	41
65-74 yr	10	1	11	White:	37		
75 < yrs	6	1	7	Unknown:	0		
Total	31	10	41	TOTAL:	41		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care Lombard Name:

Address: 1940 Springer Drive

Lombard City: DuPage County: HSA: 14-2722 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Lombard, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Partner **Property Owner:** OAK CREEK CENTER, LLC

Other Ownership:

**Medical Director Name:** Samir Kumar, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>
---------------------	---

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	13	13	0	13	13
Number of Patients Treated	18	16	20	17	0	19	16

## Facility Utilization Information

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 38 5,713 (Beginning patients) **Number of Missed Treatments:** 93

**Average Daily Treatments:** Patients treated as of 12/31/2014: 36

(Ending patients) Average Treatment Time (min): 300.0

**Total Unduplicated patients** 70 treated in calendar year:

38

32

70

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 28 Recovered patients: 1 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 5 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 51% Patients Re-Started: 1 Patients transferred out: 25 Use Rate (including Missed Treatments): 52% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 53% **Post-Transplant Patien** Use Rate (Year end Patients/Stations\*6): Total: 34 Patients lost to follow up: 0 50%

Patients deceased: 7 Total: 36

## Patients and Net Revenue by Payor Source

		Medica	are I	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		72.	9%	1.4%	25.7%	0.0%	0.0%	100.0%	0.0%
Patient			51	1	18	0	0	70	0
1/1/2013 <b>to</b>	12/31/2103	54.	6%	3.1%	42.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,795,95	1 \$1	01,739	\$1,394,592	\$0	\$0	\$3,292,283	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u></u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	2	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Nativ	e American/ Indian:	4	Non-Hispanic La	atino Patien	65
15-44 yr	2	0	2	Black	/ African American :	9	Unknown Ethnic	city Patients	0
45-64 yr	17	13	30	Hawa	iian /Pacific Islande	0	TOTAL:		70
65-74 yr	9	11	20	White	<b>)</b> :	55			
75 < yrs	10	8	18	Unkn	own :	0			

70

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

STATION INFORMATION

# Ownership, Management and General Information

Fresenius Medical Care Macomb Name:

523 East Grant Street Address:

Macomb City: McDonough County:

HSA: 2

14-2591 Medicare ID:

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

270.0

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** McDonough District Hospital

Other Ownership:

**Medical Director Name:** Parthasarathy Srinivasan, M.D.

**Provides Incenter Noctural Dialysis:** 

<u> </u>			
Authorized Stations as of 12/31/2014:	6	Full-Time Work Week:	32
Certified Stations by CMS:	6	Regsitered Nurse :	2
Peak Authorized Stations Operated:	6	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	6	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0

Isolat (subset of authorized stations) Number of Shifts Operated per day Other Health . 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	11	11	11	0	11	11
Number of Patients Treated	10	12	11	10	0	11	10

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 20 3,254 (Beginning patients) **Number of Missed Treatments:** 42

**Average Daily Treatments:** Patients treated as of 12/31/2014: 19 (Ending patients) **Average Treatment Time (min):** 

**Total Unduplicated patients** 33 treated in calendar year:

Total:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY** 

7.55 5 1 1 1 5 1 1 1 1 1 7 1 C	<del></del>			<u> </u>	
New Patients:	11	Recovered patients:	0	Treatment Capacity/year (based on Stations):	5,616
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	0	Patients transferred out:	7	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	56%
Total:	13	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	53%
		Patients deceased:	5		

## Patients and Net Revenue by Payor Source

15

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		72	.7%	3.0%	21.2%	0.0%	3.0%	100.0%	0.0%
Patient			24	1	7	0	1	33	0
1/1/2013 <b>to</b>	12/31/2013	68	.1%	1.0%	24.4%	0.0%	6.6%	100.0%	0.0%
Net Revenue		\$645,22	21	\$8,999	\$230,683	\$0	\$62,052	\$946,954	\$0
Par	tients by Ag	e and Sex		1	Patients by Race	<u>e</u>	<u>Pati</u>	ents by Ethnicit	ν
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	33
15-44 yr	0	0	0	Black	/ African American :	5	Unknown Ethnic	ity Patients	0
45-64 yr	8	5	13	Hawa	iian /Pacific Islande	0	TOTAL:		33
65-74 yr	5	4	9	White	e:	28			
75 < yrs	3	8	11	Unkn	own:	0			
Total	16	17	33	TOTA	۸L:	33			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care Morris
Address: 1401 Lakewood Drive, Ste B

City: Morris
County: Grundy
HSA: 9

**Authorized Stations** 

**Medicare ID:** 

1401 Lakewood Drive, Ste B Morris

Grundy 9 14-2596 Legal Entity Operator:

Dialysis Centers of America - Illinois, Inc.

For Profit Corporation

Legal Entity Owner:

Ownership Type:

Property Owner: Other Ownership:

Medical Director Name: Muhammad Shafi, M.D. Provides Incenter Noctural Dialvsis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
s as of 12/31/2014:	10	Full-Time Work Week:	32		
0110	40	Daniellana d None a			

**Certified Stations by CMS:** 10 Regsitered Nurse: 1 **Peak Authorized Stations Operated:** 10 Dialysis Technician: 2 10 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health : 0 Other Non-Health: Λ

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	13	0
Number of Patients Treated	14	0	16	0	0	15	0

## **Facility Utilization Information**

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 17 In-Center Treatments in calendar year: 2,356 (Beginning patients) Number of Missed Treatments: 71
Patients treated as of 12/31/2014: 4verage Daily Treatments: 4verage Treatment Time (min): 255.0

(Ending patients)

Average Treatment Time (min):

Total Unduplicated patients

Total Unduplicated patients 23 treated in calendar year:

Total:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** Recovered patients: 0 Treatment Capacity/year (based on Stations): 9,360 **Transient Patients:** 2 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 25% Patients Re-Started: 0 Patients transferred out: 7 Use Rate (including Missed Treatments): 26% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 28% **Post-Transplant Patien** 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 0 23% Patients deceased: 2

## Patients and Net Revenue by Payor Source

9

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	73.9%	4.3%	4.3%	0.0%	17.4%	100.0%	0.0%
Patient	17	1	1	0	4	23	0
1/1/2013 <b>to</b> 12/31/2013 <b>Net Revenue</b>	63.7% \$732,578	5.8% \$67,072	22.1% \$254,323	<i>0.6%</i> \$7,273	<i>7.8%</i> \$89,651	100.0% <b>\$1,150,897</b>	<i>0.0%</i> \$0

Net Revenue		\$132,518	3 \$6	7,072	\$254,323	\$1,213	\$89,651	\$1,150,89 <i>7</i>	\$0
Pat	ients by A	ge and Sex			Patients by Race		<u>Pa</u>	atients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Pa	tients:	1	Hispanic Latin	o Patients:	23
<14 yrs	0	0	0	Native A	nerican/ Indian:	0	Non-Hispanic	Latino Patien	0
15-44 yr	3	1	4	Black/ Af	rican American :	2	Unknown Ethn	icity Patients	0
45-64 yr	6	1	7	Hawaiian	/Pacific Islande	0	TOTAL:		23
65-74 yr	4	4	8	White:		20			
75 < yrs	2	2	4	Unknown	١:	0			
Total	15	8	23	TOTAL:		23			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care Mundelein Name:

1400 Townline Road Address:

Mundelein City: Lake County: HSA: 8 14-2731

Medicare ID:

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

77

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** UNIVERSAL POOL COMPANY, INC

Other Ownership:

**Medical Director Name:** Shalini Patel, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	
---------------------	--

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	10	16	11	0	16	14
Number of Patients Treated	28	17	28	19	0	31	19

## Facility Utilization Information

**Facility Reported Treatment Information Facility Reported Patient Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 34 6,363 (Beginning patients) **Number of Missed Treatments:** 160

**Average Daily Treatments:** Patients treated as of 12/31/2014: 52

(Ending patients) **Average Treatment Time (min):** 300.0

**Total Unduplicated patients** 77 treated in calendar year:

17

15

21

59

45-64 vr

65-74 yr

75 < yrs

6

5

6

18

23

20

27

77

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONO TO THE I AC	<u> ,,                                  </u>	<u> </u>		OOL HATE IOI THE LAGIENT	
New Patients:	38	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	4	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	2	Patients transferred out:	14	Use Rate (including Missed Treatments):	58%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	47%
Total:	44	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	72%
		Patients deceased:	5		
		Total:	23		

## Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		70.	.1%	0.0%	20.8%	9.1%	0.0%	100.0%	0.0%
Patient			54	0	16	7	0	77	0
1/1/2013 <b>to</b>	12/31/2013	48.	.8%	1.6%	48.7%	0.9%	0.1%	100.0%	0.0%
Net Revenue		\$708,25	57 \$2	3,147	\$706,595	\$12,806	\$1,548	\$1,452,352	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	12
<14 yrs	0	0	0	Native	e American/ Indian:	0	Non-Hispanic La	atino Patien	65
15-44 yr	6	1	7	Black	/ African American :	10	Unknown Ethnic	city Patients	0

0

67

0

77

TOTAL:

**Total** TOTAL: Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Hawaiian /Pacific Islande

White:

Unknown:

# Ownership, Management and General Information

Fresenius Medical Care Naperbrook Name:

2451 S. Washington St. Address:

Naperville City: DuPage County: HSA: 14-2765 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Naperbrook, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** BRUSHY CREEK DIALYSIS, LLC

Other Ownership:

**Medical Director Name:** Enayat Osanloo, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	6
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	13	18	13	0	18	13
Number of Patients Treated	43	26	43	30	0	47	29

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 9,026 (Beginning patients) **Number of Missed Treatments:** 45

**Average Daily Treatments:** Patients treated as of 12/31/2014: 76

(Ending patients) **Average Treatment Time (min):** 270.0

**Total Unduplicated patients** 111

Total:

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	93	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	15	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	60%
Patients Re-Started:	0	Patients transferred out:	29	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	2	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	1%
Total:	110	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	79%
		Patients deceased:	0		

# Patients and Net Revenue by Payor Source

36

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	72.1%	1.8%	22.5%	1.8%	1.8%	100.0%	0.0%
Patient	80	2	25	2	2	111	0
1/1/2013 <b>to</b> 12/31/2013	14.2%	0.0%	85.8%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$12,476	\$0	\$75,236	\$0	\$0	\$87,712	\$0
Patients by Age a	and Sex		Patients by Rac	<u>:e</u>	<u>Pati</u>	ents by Ethnicit	<u></u>
AGE GROUPS MALE I	FEMALE TOTA	AL Asiar	n Patients:	8	Hispanic Latino I	Patients:	5
44	•	O N-11-		0	Man Illanantata	da - Dadaa	400

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	8	Hispanic Latino Patients:	5	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	106	
15-44 yr	11	2	13	Black/ African American :	33	Unknown Ethnicity Patients	0	
45-64 yr	27	12	39	Hawaiian /Pacific Islande	0	TOTAL:	111	
65-74 yr	21	14	35	White:	70			
75 < yrs	10	14	24	Unknown:	0			
Total	69	42	111	TOTAL:	111			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care Normal Name:

Address: 1531 E. College Ave.

Normal City: McLean County: HSA: 14-2778 **Medicare ID:** 

Fresenius Medical Care Normal, LLC **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** 1531 E. COLLEGE, LLC

11,232

6%

6%

0%

31%

Other Ownership:

Robert Bruha, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014: 12 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 12 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 2 12 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	9	0	13	0	0	12	0

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 715 O (Beginning patients) **Number of Missed Treatments:** 9

**Average Daily Treatments:** Patients treated as of 12/31/2014: 22 300.0

(Ending patients) Average Treatment Time (min): **Total Unduplicated patients** 28

treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Total:

**USE RATE for the FACILITY New Patients:** 24 Recovered patients: 0 Treatment Capacity/year (based on Stations): **Transient Patients:** 4 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): Patients Re-Started: 0 Patients transferred out: 5 **Use Rate (including Missed Treatments):** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): **Post-Transplant Patien** Use Rate (Year end Patients/Stations\*6): Total: 28 Patients lost to follow up: 0 Patients deceased: 1

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	42.9%	10.7%	46.4%	0.0%	0.0%	100.0%	0.0%
Patient	12	3	13	0	0	28	0
1/1/2013 <b>to</b> 12/31/2013	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Patients by Age a	ınd Sex		Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicit	У
AGE GROUPS MALE F	EMALE TOTA	L Asian	Patients:	0	Hispanic Latino Pa	atients:	1
	_			_			

6

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	27
15-44 yr	1	1	2	Black/ African American :	10	Unknown Ethnicity Patients	0
45-64 yr	5	7	12	Hawaiian /Pacific Islande	0	TOTAL:	28
65-74 yr	4	5	9	White:	18		
75 < yrs	2	3	5	Unknown:	0		
Total	12	16	28	TOTAL:	28		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care Northfield Name:

480 Central Ave Address:

14-2771

Northfield City:

Cook County: HSA:

Medicare ID:

**Legal Entity Operator: Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Richard Abrams

Fresenius Medical Care of Illinois, LLC

Other Ownership:

**Medical Director Name:** Sandeep Mehta, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32	
Certified Stations by CMS:	12	Regsitered Nurse :	2	
	40	Districts Testinistan	4	

Certified Stations b **Peak Authorized Stations Operated:** Dialysis Technician: 12 1 3 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 0

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	8	8	8	0	0	8	8	
Number of Patients Treated	2	0	3	0	0	3	0	

## Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 877 (Beginning patients) **Number of Missed Treatments:** 25

**Average Daily Treatments:** Patients treated as of 12/31/2014: 5

(Ending patients) **Average Treatment Time (min):** 300.0

**Total Unduplicated patients** 62 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

71221110110 to the 1710	<del></del>			<u> </u>	
New Patients:	61	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	8%
Patients Re-Started:	0	Patients transferred out:	57	Use Rate (including Missed Treatments):	8%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	1%
Total:	61	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	7%
		Patients deceased:	0		

# Patients and Net Revenue by Payor Source

57

		Medio	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		72	2.6%	4.8%	19.4%	3.2%	0.0%	100.0%	0.0%
Patient			45	3	12	2	0	62	0
1/1/2013 <b>to</b>	12/31/2013	#∧	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		;	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicit	¥
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	4	Hispanic Latino Pa	tients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Latir	no Patien	59
15-44 yr	1	0	1	Black	/ African American :	17	Unknown Ethnicity	/ Patients	0
45-64 yr	13	5	18	Hawa	iian /Pacific Islande	0	TOTAL:		62
65-74 yr	13	10	23	White	<b>)</b> :	41			
75 < yrs	12	8	20	Unkn	own :	0			
Total	39	23	62	TOTA	AL:	62			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Fresenius Medical Care Oak Forest Name:

5340A West 159th Street Address:

Oak Forest City: Cook County: HSA: 7 14-2764 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Oak Forest, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** RGE Investments #5 FMC, LLC

Other Ownership:

Jeanette McLaughlin, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>						
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32			
Certified Stations by CMS:	12	Regsitered Nurse :	4			
Peak Authorized Stations Operated:	12	Dialysis Technician :	2			
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0			
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0			
(subset of authorized stations)		LPN:	0			
Number of Shifts Operated per day		Other Health :	0			
		Other Non-Health:	1			

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	8	13	8	0	13	8	
Number of Patients Treated	21	0	19	0	0	19	2	

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 10 2,682 (Beginning patients) **Number of Missed Treatments:** 68

**Average Daily Treatments:** Patients treated as of 12/31/2014: 27 **Average Treatment Time (min):** (Ending patients) 300.0

**Total Unduplicated patients** 40

treated in calendar year:

#### **LOSSES to the FACILITY USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 26 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 6 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 24% Patients Re-Started: 2 Patients transferred out: 7 **Use Rate (including Missed Treatments):** 24% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 14% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 38% Total: 34 0 Patients deceased: 7

> Total: 15

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.0%	2.5%	25.0%	2.5%	0.0%	100.0%	0.0%
Patient	28	1	10	1	0	40	0
1/1/2013 <b>to</b> 12/31/2013	4.3%	0.0%	95.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$4,211	\$0	\$93,160	\$0	\$0	\$97,372	\$0
Patients by Age a	and Sex		Patients by Rac	<u>:e</u>	Patie	ents by Ethnicit	<u></u>
AGE GROUPS MALE F	FEMALE TOTA	L Asiar	n Patients:	0	Hispanic Latino I	Patients:	4
44	0	O Neth		0	Nam Illamania I.a.	tina Datian	25

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	35
15-44 yr	2	4	6	Black/ African American :	18	Unknown Ethnicity Patients	1
45-64 yr	11	2	13	Hawaiian /Pacific Islande	1	TOTAL:	40
65-74 yr	6	4	10	White:	16		
75 < yrs	4	7	11	Unknown:	5		
Total	23	17	40	TOTAL:	40		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care of Antioch

Address: 311 W. Depot St., Ste. H

City: Antioch
County: Lake
HSA: 8
Medicare ID: 14-2673

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Depot Street Station Development LLC

Other Ownership:

Medical Director Name: Omaima Degani, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT				
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32			

**Certified Stations by CMS:** 12 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 5 12 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	11	16	11	0	16	11
Number of Patients Treated	26	14	26	15	0	27	13

## Facility Utilization Information

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 49 In-Center Treatments in calendar year: 6,629 (Beginning patients) Number of Missed Treatments: 345
Patients treated as of 12/31/2014: 49 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

42

Average Treatment Time (min): 270.0

Total Unduplicated patients 74 treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>/                                      </u>	LUGGES to the PACILITY		USE RATE IOI LITE FACILITY	
New Patients:	15	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	9	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	59%
Patients Re-Started:	1	Patients transferred out:	17	Use Rate (including Missed Treatments):	62%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	68%
Total:	25	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	58%
		Patients deceased:	9		
		Total:	32		

## Patients and Net Revenue by Payor Source

		Medica	are Me	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		77.0	0%	0.0%	17.6%	5.4%	0.0%	100.0%	0.0%
Patient			57	0	13	4	0	74	0
1/1/2013 <b>to</b> 1	12/31/2013	69.	1%	2.2%	25.1%	0.1%	3.5%	100.0%	0.0%
Net Revenue		\$1,952,788	3 \$6	2,679	\$708,573	\$4,051	\$98,841	\$2,826,933	\$0
Pat	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	3	Hispanic Latino	Patients:	10
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	64

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	10
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	64
15-44 yr	5	4	9	Black/ African American :	14	Unknown Ethnicity Patients	0
45-64 yr	19	12	31	Hawaiian /Pacific Islande	0	TOTAL:	74
65-74 yr	6	14	20	White:	57		
75 < yrs	9	5	14	Unknown:	0		
Total	39	35	74	TOTAL:	74		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care of Deerfield

Address: 405 Lake Cook Road

City: Deerfield
County: Cook
HSA: 7
Medicare ID: 14-2710

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: LAKE COOK PLAZA, LLC

Other Ownership:

Medical Director Name: Shalini Patel, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32

**Certified Stations by CMS:** 12 Regsitered Nurse: 1 12 Dialysis Technician: 3 **Peak Authorized Stations Operated:** 12 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health . 0 Other Non-Health:

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	7	16	7	0	16	7	
Number of Patients Treated	19	7	20	8	0	29	7	

## **Facility Utilization Information**

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 26 In-Center Treatments in calendar year: 6,680 (Beginning patients) Number of Missed Treatments: 276

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 360.0

Total Unduplicated patients 51 treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 22 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients: Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 59% Patients Re-Started: 0 Patients transferred out: 28 **Use Rate (including Missed Treatments):** 62% Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 36% **Post-Transplant Patien** 1 Use Rate (Year end Patients/Stations\*6): Total: 27 Patients lost to follow up: 0 38% Patients deceased: 2 Total: 34

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	78.4%	0.0%	21.6%	0.0%	0.0%	100.0%	0.0%
Patient	40	0	11	0	0	51	0
1/31/2013 <b>to</b> 12/31/2013	47.0%	1.0%	51.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,280,734	\$28,505	\$1,413,044	\$0	\$641	\$2,722,925	\$0
Patients by Age	and Say		Patients by Pace		Pat	ients by Ethnicit	v

		Ψ.,=σσ,	·	ψ.,,	Ψ	ψ=,,,==,o=o	40
<u>Pa</u>	tients by A	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	44
15-44 yr	1	1	2	Black/ African American :	5	Unknown Ethnicity Patients	0
45-64 yr	6	6	12	Hawaiian /Pacific Islande	0	TOTAL:	51
65-74 yr	7	3	10	White:	31		
75 < yrs	18	9	27	Unknown:	11		
Total	32	19	51	TOTAL:	51		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Name: Fresenius Medical Care of Lake Bluff

Address: 101 Waukegan Rd., Ste. 700

City: Lake Bluff
County: Lake
HSA: 8
Medicare ID: 14-2669

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Mike Kenney

Other Ownership:

Medical Director Name: Joshua Trob, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQ	<u>{UIVALENT</u>
40/04/0044-	16	Full Times Monte Monte	20

Authorized Stations as of 12/31/2014: 32 16 Full-Time Work Week: **Certified Stations by CMS:** 16 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 16 Dialysis Technician: 8 Authorized Stations Setup and Staffed in Oct 1-7: 16 Dietician: 1 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: Λ 2 Other Non-Health:

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	14	18	14	0	18	16	
Number of Patients Treated	39	28	38	30	0	42	27	

## Facility Utilization Information

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 76 In-Center Treatments in calendar year: 10,655 (Beginning patients) Number of Missed Treatments: 205

Patients treated as of 12/31/2014:

70 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 121 treated in calendar year:

Total:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 25 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 17 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 71% Patients Re-Started: 0 Patients transferred out: 45 **Use Rate (including Missed Treatments):** 73% 2 Patients voluntarily discontinued Use Rate (Begining patients treated): 79% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 73% Patients deceased: 11

## Patients and Net Revenue by Payor Source

59

Patient         65.3%         2.5%         24.0%         1.7%         6.6%         100.0%           Patient         79         3         29         2         8         121           1/1/2013 to 12/31/2013         46.1%         6.4%         45.2%         0.5%         1.9%         100.0%		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
1/1/2013 <b>to</b> 12/31/2013 46.1% 6.4% 45.2% 0.5% 1.9% 100.0%		65.3%	2.5%	24.0%	1.7%	6.6%	100.0%	0.0%
	Patient	79	3	29	2	8	121	0
Net Revenue \$2,029,767 \$280,536 \$1,991,626 \$21,606 \$83,752 <b>\$4,407,287</b>	1/1/2013 to 12/31/2013 Net Revenue	<i>46.1%</i> \$2,029,767	<i>6.4%</i> \$280,536	<i>45.2%</i> \$1,991,626	<i>0.5%</i> \$21,606	1.9% \$83,752		<i>0.0%</i> \$0

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	19
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	102
15-44 yr	11	9	20	Black/ African American :	39	Unknown Ethnicity Patients	0
45-64 yr	32	11	43	Hawaiian /Pacific Islande	3	TOTAL:	121
65-74 yr	22	6	28	White:	72		
75 < yrs	16	14	30	Unknown:	1		
Total	81	40	121	TOTAL:	121		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care of Lakeview Name:

Address: 4008 N. Broadway, St. 1200

Chicago City: Cook County: HSA: 6 14-2679 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

270.0

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** Thorek Hospital and Medical Center

Other Ownership:

**Medical Director Name:** Sudesh Vohra, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION				
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32	
Certified Stations by CMS:	10	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	10	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	1	

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	26	29	24	29	0	27	28	

## Facility Utilization Information

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 56 8,661 (Beginning patients) **Number of Missed Treatments:** 83

**Average Daily Treatments:** Patients treated as of 12/31/2014: 56 (Ending patients) Average Treatment Time (min):

**Total Unduplicated patients** 82

treated in calendar year:

66

16

82

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

82

ADDITIONS to the FACILITY **New Patients:** 22 Recovered patients: 0 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 2 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 66% Patients Re-Started: 1 Patients transferred out: 16 Use Rate (including Missed Treatments): 67% Patients voluntarily discontinued Use Rate (Begining patients treated): 67% **Post-Transplant Patien** 1 1 Use Rate (Year end Patients/Stations\*6): Total: 26 Patients lost to follow up: 1 67%

Patients deceased: 5 Total: 24

## Patients and Net Revenue by Payor Source

		Medic	are N	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		67.	1%	6.1%	22.0%	3.7%	1.2%	100.0%	0.0%
Patient			55	5	18	3	1	82	0
1/1/2013 <b>to</b>	12/31/2013	67.	9%	10.5%	17.5%	2.2%	1.9%	100.0%	0.0%
Net Revenue		\$1,698,00	0 \$2	63,536	\$436,337	\$55,466	\$46,939	\$2,500,278	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	8	Hispanic Latino	Patients:	19
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	63
15-44 yr	4	1	5	Black	d African American :	28	Unknown Ethni	city Patients	0
45-64 yr	26	5	31	Hawa	iian /Pacific Islande	0	TOTAL:		82
65-74 yr	25	4	29	White	e:	46			
75 < yrs	11	6	17	Unkn	own :	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

## Ownership, Management and General Information

Fresenius Medical Care of McHenry Name:

4312 W. Elm St. Address:

McHenry City: McHenry County:

HSA: 8 14-2672 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** Heidner Property Management Co, Inc.

Other Ownership:

**Medical Director Name:** Karol Rosner, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		

Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	12	14	12	0	14	12	
Number of Patients Treated	21	18	24	19	0	24	16	

## Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 45 6,202 (Beginning patients) **Number of Missed Treatments:** 59

**Average Daily Treatments:** Patients treated as of 12/31/2014: 40

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 77 treated in calendar year:

Medicare

64.9%

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 18 Recovered patients: 3 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 10 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 47% Patients Re-Started: 0 Patients transferred out: 22 Use Rate (including Missed Treatments): 48% 2 Patients voluntarily discontinued 2 54% **Post-Transplant Patien** Use Rate (Begining patients treated): 30 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 48%

> Patients deceased: 3 Total: 34

> > Medicaid

2.6%

# Patients and Net Revenue by Payor Source

26.0%

**Private Pav** 

2 6%

Other Public

3 9%

**TOTAL** 

100.0%

**Charity Care** 

0.0%

**Private Insurance** 

		07.0	770	2.070	20.070	2.070	0.070	100.070	0.070
Patient			50	2	20	2	3	77	0
1/1/2013 <b>to</b>	12/31/2013	45.6	5%	5.3%	42.2%	2.3%	4.6%	100.0%	0.0%
Net Revenue		\$1,219,527	7 \$14	1,708	\$1,127,658	\$61,831	\$121,656	\$2,672,380	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian F	Patients:	1	Hispanic Latino	Patients:	8
<14 yrs	0	0	0	Native .	American/ Indian:	0	Non-Hispanic L	atino Patien	67
15-44 yr	6	5	11	Black/	African American :	7	Unknown Ethni	city Patients	2
45-64 yr	20	9	29	Hawaiia	an /Pacific Islande	0	TOTAL:		77
65-74 yr	13	7	20	White:		68			
75 < yrs	14	3	17	Unknov	wn:	1			
Total	53	24	77	TOTAL	:	77			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

## Ownership, Management and General Information

Fresenius Medical Care of Metropolis Name:

Address: 20 Hospital Dr

Metropolis City: Massac County:

HSA: 5 14-2705 **Medicare ID:** 

**Legal Entity Operator:** 

Metropolis Dialysis Services, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Massac Memorial Hospital

Other Ownership:

Steven McCullough, D.O. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>		<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>				
Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32			
Certified Stations by CMS:	8	Reasitered Nurse :	1			

**Certified Stations by Peak Authorized Stations Operated:** 8 Dialysis Technician: 1 8 Dietician: Authorized Stations Setup and Staffed in Oct 1-7: 0 Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: Λ

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	8	12	9	0	12	9
Number of Patients Treated	14	8	16	9	0	16	9

## Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 23 3.566 (Beginning patients) **Number of Missed Treatments:** 110

**Average Daily Treatments:** Patients treated as of 12/31/2014: 28 (Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 39 treated in calendar year:

LOSSES to the FACILITY

#### ADDITIONS to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 11 Recovered patients: 3 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 6 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 48% Patients Re-Started: 3 Patients transferred out: 8 Use Rate (including Missed Treatments): 49% 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 48% **Post-Transplant Patien** Use Rate (Year end Patients/Stations\*6): Total: 20 Patients lost to follow up: 1 58%

Patients deceased: 1 Total: 15

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	69.2%	12.8%	15.4%	0.0%	2.6%	100.0%	0.0%
Patient	27	5	6	0	1	39	0
1/1/2013 <b>to</b> 12/31/2013 <b>Net Revenue</b>	76.8% \$662,146	<i>13.7%</i> \$118,314	<i>9.5%</i> \$81,868	<i>0.0%</i> \$0	<i>0.0%</i> \$0	100.0% <b>\$862,328</b>	<i>0.0%</i> \$0
				ir.			

<u>Pat</u>	ients by A	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	39
15-44 yr	3	1	4	Black/ African American :	10	Unknown Ethnicity Patients	0
45-64 yr	10	6	16	Hawaiian /Pacific Islande	0	TOTAL:	39
65-74 yr	6	2	8	White:	29		
75 < yrs	8	3	11	Unknown:	0		
Total	27	12	39	TOTAL:	39		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care of Mokena

Address: 8910 West 192nd Street

City: Mokena
County: Will
HSA: 9
Medicare ID: 14-2689

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: VIP Holdings I, LLC

Other Ownership:

Medical Director Name: Abraham Thomas, M.D.

Provides Incenter Noctural Dialvsis: 

✓

TAGILITI OTALITIKO - I OLL TIML EQUIVALLIT	STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
--	---------------------	--

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	23.99	12	23.99	12	0	23.99	12
Number of Patients Treated	35	15	35	15	0	35	14

## **Facility Utilization Information**

## Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 53 In-Center Treatments in calendar year: 7,322 (Beginning patients) Number of Missed Treatments: 145
Patients treated as of 12/31/2014: 53 Average Daily Treatments: 440.0

(Ending patients)
Average Tr
Total Unduplicated patients
95

Total Unduplicated patients 9 treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	31	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	11	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	65%
Patients Re-Started:	0	Patients transferred out:	30	Use Rate (including Missed Treatments):	66%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	74%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	8		
		Total:	43		

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	71.6%	2.1%	26.3%	0.0%	0.0%	100.0%	0.0%
Patient	68	2	25	0	0	95	0
1/1/2013 <b>to</b> 12/31/2013	54.7%	1.6%	42.8%	0.9%	0.0%	100.0%	0.0%
Net Revenue	\$1,366,113	\$38,919	\$1,069,205	\$22,557	\$0	\$2,496,794	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
GE GROUPS MALE	FEMALE TOT	'Al Asian	Patients:	2	Hispanic Latino	Patients:	5

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	5	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	90	
15-44 yr	13	5	18	Black/ African American :	21	Unknown Ethnicity Patients	0	
45-64 yr	15	9	24	Hawaiian /Pacific Islande	0	TOTAL:	95	
65-74 yr	13	12	25	White:	72			
75 < yrs	15	13	28	Unknown:	0			
Total	56	39	95	TOTAL:	95			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

# Ownership, Management and General Information

Name: Fresenius Medical Care of Naperville North

Address: 516 West 5th Avenue

City: Naperville
County: DuPage
HSA: 7
Medicare ID: 14-2678

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Mill street Properties, LLC

Other Ownership:

Medical Director Name: Gregory Kozeny, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	21	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	18	19	19	0	17	19
Number of Patients Treated	32	29	36	36	0	34	35

## Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 74 In-Center Treatments in calendar year: 9,995 (Beginning patients) Number of Missed Treatments: 266

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 255.0

Total Unduplicated patients 129

Total:

59

129

treated in calendar year:

ADDITIONS to the FACILITY

70

**Total** 

# LOSSES to the FACILITY USE RATE for the FACILITY

129

				<u> </u>				
New Patients:	43	Recovered patients:	0	Treatment Capacity/year (based on Stations):	19,656			
Transient Patients:	19	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	51%			
Patients Re-Started:	3	Patients transferred out:	53	Use Rate (including Missed Treatments):	52%			
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	59%			
Total:	65	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	58%			
		Patients deceased:	10					

# Patients and Net Revenue by Payor Source

72

		Medic	are N	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		62.	.0%	1.6%	32.6%	2.3%	1.6%	100.0%	0.0%
Patient			80	2	42	3	2	129	0
1/1/2013 <b>to</b>	12/31/2013	49.	.4%	2.2%	48.1%	0.3%	0.0%	100.0%	0.0%
Net Revenue		\$1,956,83	38 \$8	37,373	\$1,906,470	\$12,668	\$0	\$3,963,349	\$0
Patients by Age and Sex					Patients by Rac	Patients by Ethnicity			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asiar	n Patients:	20	Hispanic Latino	Patients:	10
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic Latino Patien		119
15-44 yr	13	7	20	Black	d African American :	29	Unknown Ethnicity Patients		0
45-64 yr	22	16	38	Hawa	aiian /Pacific Islande	0	TOTAL:		129
65-74 yr	19	15	34	White	e:	79			
75 < yrs	16	21	37	Unkn	iown :	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

STATION INFORMATION

## Ownership, Management and General Information

Name: Fresenius Medical Care of Oswego

Address: 1051 Station Drive

City: Oswego County: Kendall HSA: 9 Medicare ID: 14-2677 Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

EACH ITY STAFFING FILL TIME FOLIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Keneipp Properties

Other Ownership:

Medical Director Name: Atif Fakhruddin, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	EQUIVALENT
Authorized Stations as of 12/31/2014:	11	Full-Time Work Week:	32
Certified Stations by CMS:	11	Regsitered Nurse :	3
Peak Authorized Stations Operated:	11	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(auboat of authorized stations)		I DN .	4

Isolation Stations Set up in Oct 1-7:

(subset of authorized stations)

Number of Shifts Operated per day

1

Social Worker:

1

Number of Shifts Operated per day

Other Health:

0

Other Non-Health:

1

## Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	21	21	22	20	0	22	21

## Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 49 In-Center Treatments in calendar year: 7,271 (Beginning patients) Number of Missed Treatments: 382

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 260.0

Total Unduplicated patients 94 treated in calendar year:

## ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 27 Recovered patients: 1 Treatment Capacity/year (based on Stations): 10,296 **Transient Patients:** 17 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 71% Patients Re-Started: 0 Patients transferred out: 25 **Use Rate (including Missed Treatments):** 74% Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 74% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 45 0 77% Patients deceased: 14 Total: 43

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	66.0%	4.3%	24.5%	2.1%	3.2%	100.0%	0.0%
Patient	62	4	23	2	3	94	0
1/1/2013 <b>to</b> 12/31/2013	41.8%	3.5%	51.4%	1.6%	1.8%	100.0%	0.0%
Net Revenue	\$1,061,143	\$89,523	\$1,306,274	\$39,493	\$45,214	\$2,541,648	\$0
		1		1			

		+ , ,	•	+ 11	+ ,	· · · · · · · · · · · · · · · · · · ·	* -	
Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	12	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	82	
15-44 yr	4	6	10	Black/ African American :	22	Unknown Ethnicity Patients	0	
45-64 yr	20	7	27	Hawaiian /Pacific Islande	1	TOTAL:	94	
65-74 yr	17	18	35	White:	64			
75 < yrs	12	10	22	Unknown:	0			
Total	53	41	94	TOTAL:	94			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care of Roseland Name:

132 West 111th Street Address:

Chicago City: Cook County: HSA: 6 14-2690 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Chicagoland, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Roseland Medical Center LLC

Other Ownership:

Nimeet Brahmbhatt, MD **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32		
Certified Stations by CMS:	12	Regsitered Nurse :	4		
Peak Authorized Stations Operated:	12	Dialysis Technician :	6		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	31	28	30	27	0	31	30

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 65 9.490 (Beginning patients) **Number of Missed Treatments:** 709

**Average Daily Treatments:** Patients treated as of 12/31/2014: 70

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 104 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Medicare

**USE RATE for the FACILITY New Patients:** 28 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 8 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 84% Patients Re-Started: 0 Patients transferred out: 23 Use Rate (including Missed Treatments): 91% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 90% **Post-Transplant Patien** 2 Use Rate (Year end Patients/Stations\*6): Total: 36 Patients lost to follow up: 97%

Patients deceased: 7 Total: 34

Medicaid

#### Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		mourou		outoutu i irrato irrourumoo i		a.o . ay	Guioi i dibilo		onancy ouro
		51.0	%	15.4%	30.8%	1.0%	1.9%	100.0%	0.0%
Patient		Ę	53	16	32	1	2	104	0
1/1/2013 <b>to</b> 1	12/31/2013	46.9	%	21.0%	30.9%	1.1%	0.0%	100.0%	0.0%
Net Revenue		\$1,458,807	\$65	3,520	\$960,537	\$35,060	\$0	\$3,107,924	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race	<u> </u>	<u>Pat</u>	ients by Ethnicity	<u>t</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	0	
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Latino Patien		104
15-44 yr	12	10	22	Black	/ African American :	104	Unknown Ethnic	city Patients	0
45-64 yr	30	22	52	Hawa	Hawaiian /Pacific Islande		TOTAL:		104
65-74 yr	10	5	15	White	<b>e</b> :	0			
75 < yrs	6	9	15	Unkn	own:	0			
Total	58	46	104	TOTA	L:	104			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care of Sandwich

Address: 1310 North Main Street

City: Sandwic County: DeKalb HSA: 1

**Medicare ID:** 

Sandwich
DeKalb
1
14-2700

Legal Entity Operator: Fresenius Medical Care Sandwich, LLC Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: SANDWICH DEVELOPMENT PARTNERS, LLC

Other Ownership:

Medical Director Name: Atif Fakhruddin, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	10	Full-Time Work Week:	32		
Certified Stations by CMS:	10	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	10	Dialysis Technician :	4		
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	1		

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	15	13	16	12	0	16	13

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 30 In-Center Treatments in calendar year: 4,758 (Beginning patients) Number of Missed Treatments: 98

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 74

treated in calendar year:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LACITURE		LOGOLO LO LIIC I AGILITT		OCE RATE IOI UICT AGIETT			
New Patients:	34	Recovered patients:	0	Treatment Capacity/year (based on Stations):	9,360		
Transient Patients:	10	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	51%		
Patients Re-Started:	0	Patients transferred out:	15	Use Rate (including Missed Treatments):	52%		
Post-Transplant Patien	1	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	50%		
Total:	45	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	55%		
		Patients deceased:	7				
		Total:	30				

#### Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		71.6	5%	4.1%	23.0%	0.0%	1.4%	100.0%	0.0%
Patient			53	3	17	0	1	74	0
1/1/2013 <b>to</b>	12/31/2013	54.9	0%	2.0%	42.8%	0.3%	0.0%	100.0%	0.0%
Net Revenue		\$1,047,987	' \$3	39,095	\$816,974	\$5,504	\$0	\$1,909,561	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino	4	
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	70
15-44 yr	4	5	9	Black	/ African American :	6	Unknown Ethnic	city Patients	0
45-64 yr	14	9	23	Hawa	iian /Pacific Islande	0	TOTAL:		74
65-74 yr	15	10	25	White	White:				
75 < yrs	10	7	17	Unkn	own:	0			
Total	43	31	74	TOTA	L:	74			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care of Streator
Address: 2356 North Bloomington Street

City: Streator
County: LaSalle
HSA: 2
Medicare ID: 14-2695

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

1

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Sandor Development Co.

Other Ownership:

Medical Director Name: David Rosborough, M.D.

Other Non-Health:

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32	
Certified Stations by CMS:	8	Regsitered Nurse :	1	
Peak Authorized Stations Operated:	8	Dialysis Technician :	1	
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	7	10	6	0	10.5	6
Number of Patients Treated	11	4	12	4	0	12	4

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 20 In-Center Treatments in calendar year: 2,702 (Beginning patients) Number of Missed Treatments: 54

Patients treated as of 12/31/2014: Average Daily Treatments:

Medicaid

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 26 treated in calendar year:

### ADDITIONS to the FACILITY LOSSES to the FACILITY

Total:

Medicare

**New Patients:** 5 Recovered patients: 1 **Transient Patients:** 1 **Transplant Recipients:** 2 Patients Re-Started: 0 Patients transferred out: 2 Patients voluntarily discontinued 2 **Post-Transplant Patien** 0 0 Total: Patients lost to follow up: Patients deceased: 3

### **USE RATE for the FACILITY**

Treatment Capacity/year (based on Stations): 7,488
Use Rate (Treatments/Treatment capacity): 36%
Use Rate (including Missed Treatments): 37%
Use Rate (Begining patients treated): 42%
Use Rate (Year end Patients/Stations\*6): 33%

TOTAL

**Charity Care** 

Other Public

#### Patients and Net Revenue by Payor Source

**Private Pav** 

**Private Insurance** 

10

		73	.1%	3.8%	23.1%	0.0%	0.0%	100.0%	0.0%
Patient			19	1	6	0	0	26	0
1/1/2013 <b>to</b> 1	12/31/2013	76	.8%	0.9%	22.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$690,75	53	\$8,357	\$200,631	\$0	\$0	\$899,741	\$0
Pat	tients by Ag	e and Sex			Patients by Race		Patie	ents by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Pa	tients:	0	Hispanic Latino	Patients:	1
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	25	
15-44 yr	0	0	0	Black/ Af	rican American :	5	Unknown Ethnicity Patients		0
45-64 yr	6	4	10	Hawaiiar	/Pacific Islande	0	TOTAL:		26
65-74 yr	3	2	5	White:		21			
75 < yrs	7	4	11	Unknowi	n :	0			
Total	16	10	26	TOTAL:		26			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care of Uptown Name: Address: 4720 North Marine Drive, Ste 200

Chicago City: Cook County: HSA: 6

**Medicare ID:** 

14-2692

**Legal Entity Operator:** 

Renal Care Group Chicago Uptown, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** ZRG-CVI Lakeshore Marine Drive, LLC

Other Ownership:

Neil Soifer, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQ	<u>UIVALENT</u>

32 Authorized Stations as of 12/31/2014: 12 **Full-Time Work Week: Certified Stations by CMS:** 12 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 12 Dialysis Technician: 7 12 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	29	29	30	29	0	32	30	

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 68 8,931 (Beginning patients) **Number of Missed Treatments:** 247

**Average Daily Treatments:** Patients treated as of 12/31/2014: 53 **Average Treatment Time (min):** (Ending patients)

**Total Unduplicated patients** 93

Total:

treated in calendar year:

300.0

ADDITIONS to the FACILITY L		LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	19	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	5	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	80%
Patients Re-Started:	0	Patients transferred out:	28	Use Rate (including Missed Treatments):	82%
Post-Transplant Patien	4	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	94%
Total:	28	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	74%
		Patients deceased:	5		

### Patients and Net Revenue by Payor Source

40

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	67.7%	10.8%	18.3%	3.2%	0.0%	100.0%	0.0%
Patient	63	10	17	3	0	93	0
1/1/2013 <b>to</b> 12/31/2013 Net Revenue	<i>41.8%</i> \$1,617,963	<i>14.0%</i> \$540.676	<i>44.0%</i> \$1,703,689	<i>0.2%</i> \$9.261	<i>0.0%</i> \$0	100.0% <b>\$3,871,590</b>	<i>0.0%</i> \$0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	16	Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	76
15-44 yr	7	9	16	Black/ African American :	36	Unknown Ethnicity Patients	10
45-64 yr	16	11	27	Hawaiian /Pacific Islande	0	TOTAL:	93
65-74 yr	6	12	18	White:	18		
75 < yrs	11	21	32	Unknown:	23		
Total	40	53	93	TOTAL:	93		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care of West Chicago

Address: 1859 North Neltnor Boulevard

City: West Chicago
County: DuPage
HSA: 7
Medicare ID: 14-2702

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:
Ownership Type:

Limited Liability Company
West Chicago Management LLC

Property Owner: Other Ownership:

Medical Director Name: Jeffrey Kropp, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>		
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health:	0

Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	12	16	12	0	16	12	
Number of Patients Treated	31	7	31	8	0	32	8	

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 29 In-Center Treatments in calendar year: 5,106 (Beginning patients) Number of Missed Treatments: 47

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 62 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

- 12 2 1 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1				<u> </u>	
New Patients:	17	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	16	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	45%
Patients Re-Started:	0	Patients transferred out:	16	Use Rate (including Missed Treatments):	46%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	40%
Total:	33	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	53%
		Patients deceased:	3		

Total: 19

#### Patients and Net Revenue by Payor Source

		Medic	are M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		77.	.4%	1.6%	19.4%	1.6%	0.0%	100.0%	0.0%
Patient			48	1	12	1	0	62	0
1/1/2013 <b>to</b>	12/31/2013	47.	.3%	6.2%	46.2%	0.2%	0.0%	100.0%	0.0%
Net Revenue		\$1,204,57	'O \$15	57,644	\$1,177,100	\$6,289	\$0	\$2,545,604	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	10	Hispanic Latino	Patients:	8
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	52
15-44 vr	6	4	10	Black	/ African American :	5	Unknown Ethnic	city Patients	2

<u>1 at</u>	ICIIIS DY AL	<u>je anu Sex</u>		i alients by Nace		r attents by Ethinotty		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	10	Hispanic Latino Patients:	8	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	52	
15-44 yr	6	4	10	Black/ African American :	5	Unknown Ethnicity Patients	2	
45-64 yr	15	4	19	Hawaiian /Pacific Islande	0	TOTAL:	62	
65-74 yr	14	8	22	White:	47			
75 < yrs	6	5	11	Unknown:	0			
Total	41	21	62	TOTAL:	62			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care Palatine Name:

691 F. Dundee Road Address:

**Palatine** City: Cook County: HSA: 7 14-2723

**Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care Palatine, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** RAMCO-GERSHENSON PROPERTIES, LP

Other Ownership:

Manish Tanna, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32	
Certified Stations by CMS:	14	Regsitered Nurse :	6	
Peak Authorized Stations Operated:	14	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	12	17	12	0	17	12
Number of Patients Treated	23	16	24	18	0	27	15

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 47 7.132 (Beginning patients) **Number of Missed Treatments:** 43

**Average Daily Treatments:** Patients treated as of 12/31/2014: 49

**Average Treatment Time (min):** (Ending patients) 255.0

**Total Unduplicated patients** 81 treated in calendar year:

#### ADDITIONS to the FACILITY **LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** 28 Recovered patients: 0 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 6 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 54% Patients Re-Started: 0 Patients transferred out: 22 **Use Rate (including Missed Treatments):** 55% 0 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 56% **Post-Transplant Patien** 34 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 58% Total: Patients deceased: 3 Total: 32

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	63.0%	1.2%	34.6%	0.0%	1.2%	100.0%	0.0%
Patient	51	1	28	0	1	81	0
1/1/2013 <b>to</b> 12/31/2013	37.9%	1.3%	59.8%	1.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,365,909	\$48,529	\$2,156,195	\$35,534	\$0	\$3,606,167	\$0
Patients by Age	and Sex	İ	Patients by Race		<u>Pat</u>	ients by Ethnicity	!
CE CPOLIDS MALE	EEMALE TOTA	Acion	Pationte:	7	Hispania I atino	Patiente:	٥

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	9
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	72
15-44 yr	4	3	7	Black/ African American :	9	Unknown Ethnicity Patients	0
45-64 yr	10	9	19	Hawaiian /Pacific Islande	0	TOTAL:	81
65-74 yr	21	12	33	White:	65		
75 < yrs	11	11	22	Unknown:	0		
Total	46	35	81	TOTAL:	81		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

STATION INFORMATION

### Ownership, Management and General Information

Fresenius Medical Care Pekin Name:

3521 Veterans Parkway Address:

14-2571

Pekin City: Tazewell County: HSA: 2

Medicare ID:

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Cullinan Properties

Other Ownership:

Timothy Pflederer, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

<u> </u>			
Authorized Stations as of 12/31/2014:	9	Full-Time Work Week:	32
Certified Stations by CMS:	9	Regsitered Nurse :	3
Peak Authorized Stations Operated:	9	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0

Number of Shifts Operated per day Other Health : 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	11	16	11	0	16	11
Number of Patients Treated	21	9	22	11	0	20	12

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 39 6,057 (Beginning patients) **Number of Missed Treatments:** 147 **Average Daily Treatments:** Patients treated as of 12/31/2014:

35 **Average Treatment Time (min):** (Ending patients) 270.0

**Total Unduplicated patients** 58 treated in calendar year:

**ADDITIONS to the FACILITY LOSSES to the FACILITY** 

**USE RATE for the FACILITY New Patients:** 12 Recovered patients: 0 Treatment Capacity/year (based on Stations): 8,424 **Transient Patients:** 6 **Transplant Recipients:** 4 Use Rate (Treatments/Treatment capacity): 72% Patients Re-Started: 0 Patients transferred out: 12 Use Rate (including Missed Treatments): 74% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 72% **Post-Transplant Patien** 1 19 Patients lost to follow up: 7 Use Rate (Year end Patients/Stations\*6): Total: 65%

> Patients deceased: 0 Total: 23

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>	
	55.2%	0.0%	37.9%	3.4%	3.4%	100.0%	0.0%	
Patient	32	0	22	2	2	58	0	
1/1/2013 <b>to</b> 12/31/2013	36.8%	1.3%	57.4%	0.2%	4.3%	100.0%	0.0%	
Net Revenue	\$853,453	\$30,458	\$1,331,538	\$3,796	\$100,410	\$2,319,656	\$0	
Patients by Age	and Sex		Patients by Race	<b>a</b>	Pat	tients by Ethnicit	v	

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	58
15-44 yr	5	3	8	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	13	7	20	Hawaiian /Pacific Islande	0	TOTAL:	58
65-74 yr	8	7	15	White:	58		
75 < yrs	6	9	15	Unknown:	0		
Total	32	26	58	TOTAL:	58		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care Pontiac

Address: 804 West Madison Street
City: Pontiac

County: Livingston HSA: 4

Medicare ID: 14-2611

**Legal Entity Operator:** 

Dialysis Centers of America - Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation Property Owner: FTB, LLC

Other Ownership:

Medical Director Name: Robert Bruha, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014:	9	Full-Time Work Week:	32
Certified Stations by CMS:	9	Regsitered Nurse :	2
Peak Authorized Stations Operated:	9	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	11	13	12	0	12	13
Number of Patients Treated	15	13	16	14	0	16	15

### **Facility Utilization Information**

### Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 30 In-Center Treatments in calendar year: 4,413 (Beginning patients) Number of Missed Treatments: 130 Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Treatment Time (min): 250.0

Total Unduplicated patients 53 treated in calendar year:

# ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>ILIIY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	22	Recovered patients:	1	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	15	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	52%
Patients Re-Started:	1	Patients transferred out:	18	Use Rate (including Missed Treatments):	54%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	56%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	56%
		Patients deceased:	6		
		Total:	29		

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	73.6%	5.7%	18.9%	0.0%	1.9%	100.0%	0.0%
Patient	39	3	10	0	1	53	0
1/1/2013 <b>to</b> 12/31/2013	61.9%	3.9%	32.9%	1.2%	0.2%	100.0%	0.0%
Net Revenue	\$757,588	\$47,386	\$402,128	\$14,074	\$1,962	\$1,223,137	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	ν
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	1

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	52
15-44 yr	4	3	7	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	12	7	19	Hawaiian /Pacific Islande	0	TOTAL:	53
65-74 yr	6	9	15	White:	49		
75 < yrs	8	4	12	Unknown:	0		
Total	30	23	53	TOTAL:	53		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care Randolph County

Address: 102 Memorial Drive

14-2589

City: Chester
County: Randolph
HSA: 5

**Medicare ID:** 

Legal Entity Operator:

Bio-Medical Applications of Illinois, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Chester Memorial Hospital

Other Ownership:

Medical Director Name: Muhammad Kamran, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32
Certified Stations by CMS:	8	Regsitered Nurse :	4
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	10	10	10	0	10	10	
Number of Patients Treated	11	6	15	8	0	14	9	

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 22 In-Center Treatments in calendar year: 3,527 (Beginning patients) Number of Missed Treatments: 154

Patients treated as of 12/31/2014: Average Daily Treatments:

Madiaaid

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 38 treated in calendar year:

Total:

Madiaara

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY	ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY
--	---------------------------	------------------------	---------------------------

ADDITIONO to the I Ad	<u> </u>	<u> </u>		OOE RATE TO THE TABLETT	
New Patients:	14	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	47%
Patients Re-Started:	0	Patients transferred out:	5	Use Rate (including Missed Treatments):	49%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	46%
Total:	15	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	56%
		Patients deceased:	6		

#### Patients and Net Revenue by Payor Source

Drivete Day

Other Bublic

TOTAL

Charity Care

Brivata Incurance

11

		Medica	are ivi	eaicaia	Private insurance	Private Pay	Other Public	IOIAL	Charity Care
		63.	2%	5.3%	23.7%	2.6%	5.3%	100.0%	0.0%
Patient			24	2	9	1	2	38	0
1/1/2013 <b>to</b>	12/31/2013	76.	1%	4.8%	18.4%	0.0%	0.8%	100.0%	0.0%
Net Revenue		\$700,06	9 \$4	13,848	\$168,952	\$163	\$7,238	\$920,270	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pati</u>	ents by Ethnicit	Y
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	35
15-44 yr	4	2	6	Black	/ African American :	6	Unknown Ethnic	ity Patients	0
45-64 yr	9	5	14	Hawa	iian /Pacific Islande	0	TOTAL:		38
65-74 yr	2	4	6	White	<b>)</b> :	32			
75 < yrs	7	5	12	Unkn	own:	0			
Total	22	16	38	TOTA	AL:	38			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care Regency Park

Address: 124 Regency park, Suite 1

City: O'Fallon
County: St. Clair
HSA: 11
Medicare ID: 14-2558

Legal Entity Operator: RAI Care Centers of Illinois I, LLC

Legal Entity Owner:

Limited Liability Company Savvi Investment, Inc.

Property Owner: Other Ownership:

Ownership Type:

Medical Director Name: Matthew Koch, M.D. Provides Incenter Noctural Dialysis:

<b>STATION INFORMATION</b>	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	6
Peak Authorized Stations Operated:	20	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	2
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	15	14	15	0	15	17	
Number of Patients Treated	48	48	47	48	0	51	53	

### **Facility Utilization Information**

65-74 yr

75 < yrs

**Total** 

27

22

102

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 108 In-Center Treatments in calendar year: 15,371 (Beginning patients) Number of Missed Treatments: 1,199

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 176 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Total:

18

18

74

45

40

176

White:

TOTAL:

Unknown:

ADDITIONS to the FAC	<u>ILIIY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	45	Recovered patients:	4	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	15	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	82%
Patients Re-Started:	6	Patients transferred out:	32	Use Rate (including Missed Treatments):	89%
Post-Transplant Patien	2	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	90%
Total:	68	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	93%
		Patients deceased:	24		

#### Patients and Net Revenue by Payor Source

65

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		67.	.0%	2.3%	27.3%	1.1%	2.3%	100.0%	0.0%
Patient			118	4	48	2	4	176	0
1/1/2013 <b>to</b> 1	2/31/2013	55.	.5%	4.1%	38.8%	0.3%	1.3%	100.0%	0.0%
Net Revenue		\$3,119,63	30 \$22	28,670	\$2,181,364	\$18,713	\$70,460	\$5,618,837	\$0
<u>Pat</u>	ients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Nativ	e American/ Indian:	1	Non-Hispanic La	atino Patien	174
15-44 yr	14	4	18	Black	/ African American :	96	Unknown Ethnic	city Patients	0
45-64 yr	39	34	73	Hawa	iian /Pacific Islande	0	TOTAL:		176

79

0

176

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care River Forest Name:

103 Forest Avenue Address:

River Forest City: Cook County: HSA: 14-2735 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care River Forest, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Willem Q. Olsthoorn

Other Ownership:

George Naratadam, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32	
Certified Stations by CMS:	20	Regsitered Nurse :	7	
Peak Authorized Stations Operated:	20	Dialysis Technician :	11	
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	42	34	46	36	0	46	36	

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 93 13,123 (Beginning patients) **Number of Missed Treatments:** 776

**Average Daily Treatments:** Patients treated as of 12/31/2014: 83 **Average Treatment Time (min):** (Ending patients) 300.0

**Total Unduplicated patients** 140

Medicare

60

140

treated in calendar year:

80

**Total** 

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

Medicaid

ADDITIONS to the PAC	<u>/  L                                   </u>	LOSSES to the I ACIEIT I		USE RATE TOT THE PACIENT	
New Patients:	37	Recovered patients:	1	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	14	Transplant Recipients:	8	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	1	Patients transferred out:	38	Use Rate (including Missed Treatments):	74%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	78%
Total:	52	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	15		
		Total:	62		

### Patients and Net Revenue by Payor Source

**Private Pav** 

140

Other Public

**TOTAL** Charity Care

**Private Insurance** 

		71.4	%	5.0%	22.1%	1.4%	0.0%	100.0%	0.0%
Patient		10	00	7	31	2	0	140	0
1/1/2013 <b>to</b>	12/31/2013	55.9	%	4.2%	39.2%	0.5%	0.2%	100.0%	0.0%
Net Revenue		\$2,999,519	\$22	6,436	\$2,102,193	\$27,238	\$11,791	\$5,367,177	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	1
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	4	Hispanic Latino	Patients:	12
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	128
15-44 yr	18	7	25	Black	d African American :	98	Unknown Ethni	city Patients	0
45-64 yr	39	27	66	Hawa	iian /Pacific Islande	0	TOTAL:		140
65-74 yr	23	26	49	White	<b>e</b> :	38			
75 < yrs	0	0	0	Unkn	own:	0			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

TOTAL:

### Ownership, Management and General Information

Name: Fresenius Medical Care Ross Dialysis - Englewood

Address: 6333 South Green Street

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2670

Legal Entity Operator: Ross Dialysis Englewood, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: AIN Investments, LLC

Other Ownership:

Medical Director Name: April Kennedy, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME E	FACILITY STAFFING - FULL TIME EQUIVALENT						
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32					
Certified Stations by CMS:	16	Regsitered Nurse :	3					
Peak Authorized Stations Operated:	16	Dialysis Technician :	9					
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1					
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1					
(subset of authorized stations)		LPN:	0					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	3					
Dialysis Station Utilization for the Week of Oct 1 7								

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	0	17	17	
Number of Patients Treated	40	39	40	38	0	42	41	

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 94 In-Center Treatments in calendar year: 12,175 (Beginning patients) Number of Missed Treatments: 711

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 300.0

Total Unduplicated patients 119

Medicare

treated in calendar year:

# ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	34	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	6	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	1	Patients transferred out:	24	Use Rate (including Missed Treatments):	86%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	98%
Total:	41	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	90%

Patients deceased: 12
Total: 40

Medicaid

### Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		61.3	2%	12.6%	21.8%	0.8%	3.4%	100.0%	0.0%
Patient		-	73	15	26	1	4	119	0
1/1/2013 <b>to</b>	12/31/2013	61.6	%	17.1%	19.3%	1.1%	0.9%	100.0%	0.0%
Net Revenue		\$2,204,962	\$61	2,065	\$692,791	\$40,755	\$31,254	\$3,581,826	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	1
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	118
15-44 yr	11	6	17	Black/ A	frican American :	118	Unknown Ethni	city Patients	0
45-64 yr	34	21	55	Hawaiia	n /Pacific Islande	0	TOTAL:	•	119
65-74 yr	16	19	35	White:		1			
75 < yrs	4	8	12	Unknow	n:	0			
Total	65	54	119	TOTAL:		119			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care South Deering Name:

10559 S. Torrence Ave. Address:

Chicago City: Cook County: HSA: 6 14-2756 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care South Deering, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** TORRENCE COMPLEX, LP

Other Ownership:

**Medical Director Name:** Richard Hong, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32	
Certified Stations by CMS:	20	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	16	Dialysis Technician :	6	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	0	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	7.5	12.5	7.5	0	12.5	7.5
Number of Patients Treated	27	11	30	10	0	28	12

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 5,143 21 (Beginning patients) **Number of Missed Treatments:** 311 **Average Daily Treatments:** Patients treated as of 12/31/2014:

43 (Ending patients) Average Treatment Time (min): 255.0

**Total Unduplicated patients** 59 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 43 Recovered patients: 0 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 7 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 27% Patients Re-Started: 1 Patients transferred out: 17 Use Rate (including Missed Treatments): 29% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 18% **Post-Transplant Patien** 51 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 0 36% Patients deceased: 2 Total: 19

#### Patients and Net Revenue by Payor Source

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		55.	.9%	3.4%	39.0%	1.7%	0.0%	100.0%	0.0%
Patient			33	2	23	1	0	59	0
1/1/2013 <b>to</b>	12/31/2013	23.	.8%	0.3%	64.0%	11.9%	0.0%	100.0%	0.0%
Net Revenue		\$101,44	12	\$1,147	\$272,749	\$50,639	\$0	\$425,978	\$0
<u>Pa</u>	tients by Ag	e and Sex		Î	Patients by Rac	<u>e</u>	<u>Pati</u>	ents by Ethnicit	ν
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	17
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	42
15-44 yr	4	2	6	Black	/ African American :	40	Unknown Ethnic	ity Patients	0
45-64 yr	24	11	35	Hawa	iian /Pacific Islande	0	TOTAL:		59
65-74 yr	5	7	12	White	<b>)</b> :	19			
75 < yrs	3	3	6	Unkn	own :	0			
Total	36	23	59	TOTA	AL:	59			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care South Suburban

Address: 2609 West Lincoln Highway

City: Olympia Fields

 County:
 Cook

 HSA:
 7

 Medicare ID:
 14-2517

Legal Entity Operator: SSKG, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: IRA HOLDINGS II, LLC

Other Ownership:

Medical Director Name: Lourdes Terrado, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME</b>	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	27	Full-Time Work Week:	32	
Certified Stations by CMS:	27	Regsitered Nurse :	8	
Peak Authorized Stations Operated:	27	Dialysis Technician :	18	
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	68	58	68	59	0	72	58	

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 141 In-Center Treatments in calendar year: 20,420 (Beginning patients) Number of Missed Treatments: 841

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

270.0

Total Unduplicated patients 217

treated in calendar year:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>/                                      </u>	LUSSES to the FACILITY		<u>USE RATE TOT THE FACILITY</u>	
New Patients:	50	Recovered patients:	2	Treatment Capacity/year (based on Stations):	25,272
Transient Patients:	23	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	81%
Patients Re-Started:	0	Patients transferred out:	52	Use Rate (including Missed Treatments):	84%
Post-Transplant Patien	2	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	87%
Total:	75	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	84%
		Patients deceased:	17		
		Total:	83		

#### Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		67.3	3%	1.8%	29.5%	0.5%	0.9%	100.0%	0.0%
Patient		1.	46	4	64	1	2	217	0
1/1/2013 <b>to</b> 1	12/31/2013	55.7	7%	1.0%	42.3%	0.3%	0.7%	100.0%	0.0%
Net Revenue		\$4,477,872	2 \$8	0,047	\$3,402,284	\$25,452	\$57,563	\$8,043,217	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	1	Hispanic Latino	Patients:	12
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	205
15-44 yr	22	17	39	Black	d African American :	168	Unknown Ethnic	city Patients	0
45-64 yr	57	28	85	Hawa	iian /Pacific Islande	1	TOTAL:		217
65-74 yr	36	31	67	White	<b>e</b> :	47			
75 < yrs	16	10	26	Unkn	own:	0			
Total	131	86	217	TOTA	\L:	217			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care Southwestern Illinois Name:

7 Professional Drive Address:

Alton City: Madison County: HSA: 11 14-2535 **Medicare ID:** 

**Legal Entity Operator:** 

Bio-Medical Applications of Illinois, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

300.0

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** MCB Development Group

Other Ownership:

**Medical Director Name:** Erik Daniels, M.D. **Provides Incenter Noctural Dialysis:** 

CTATION	INFORMATION	
SIAIIUN	INFURIVATION	

Authorized Stations as of 12/31/2014:	19	Full-Time Work Week:	32
Certified Stations by CMS:	19	Regsitered Nurse :	4
Peak Authorized Stations Operated:	19	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	19	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	11	11	11	0	11	11
Number of Patients Treated	30	26	31	14	0	30	21

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 63 9,068 (Beginning patients) **Number of Missed Treatments:** 230 **Average Daily Treatments:** 

Patients treated as of 12/31/2014: 67 (Ending patients) Average Treatment Time (min):

**Total Unduplicated patients** 109

treated in calendar year:

9

41

12

68

21

109

75 < yrs

**Total** 

LOSSES to the FACILITY **USE RATE for the FACILITY** 

0

109

ADDITIONS to the FACILITY **New Patients:** 37 Recovered patients: 2 Treatment Capacity/year (based on Stations): 17,784 **Transient Patients:** 7 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 51% Patients Re-Started: 0 Patients transferred out: 23 Use Rate (including Missed Treatments): 52% 2 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 55% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 46 0 59%

> Patients deceased: 11 Total: 42

#### Patients and Net Revenue by Payor Source

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		73	.4%	3.7%	19.3%	2.8%	0.9%	100.0%	0.0%
Patient			80	4	21	3	1	109	0
1/1/2013 <b>to</b>	12/31/2013	67	.3%	2.3%	28.6%	0.2%	1.5%	100.0%	0.0%
Net Revenue		\$2,172,94	43 5	\$73,954	\$923,306	\$7,960	\$49,644	\$3,227,808	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u></u>
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	1
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	108
15-44 yr	4	4	8	Black	/ African American :	43	Unknown Ethni	city Patients	0
45-64 yr	9	28	37	Hawa	iian /Pacific Islande	0	TOTAL:		109
65-74 yr	19	24	43	White	<b>:</b>	66			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

### Ownership, Management and General Information

Fresenius Medical Care Steger Name:

219 East 34th Street Address:

Steger City: Cook County:

HSA: 14-2725 Medicare ID:

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

240.0

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Average Treatment Time (min):** 

**Property Owner:** MANCO PROPERTY MANAGEMENT, LLC

Other Ownership:

Daniel Yohay, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	31	27	30	29	0	30	27

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 65 9,279 (Beginning patients) **Number of Missed Treatments:** 795

**Average Daily Treatments:** Patients treated as of 12/31/2014: 68

(Ending patients) **Total Unduplicated patients** 89

Total:

treated in calendar year:

#### ADDITIONS to the EASH ITY LOCCEC to the EACH ITY LICE DATE for the EACH ITY

ADDITIONS to the FAC	<u>ILIIY</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	23	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	3	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	0	Patients transferred out:	16	Use Rate (including Missed Treatments):	90%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	90%
Total:	26	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	94%
		Patients deceased:	6		

### Patients and Net Revenue by Payor Source

24

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	68.5%	3.4%	21.3%	3.4%	3.4%	100.0%	0.0%
Patient	61	3	19	3	3	89	0
1/1/2013 <b>to</b> 12/31/2013	56.0%	0.9%	39.1%	0.5%	3.5%	100.0%	0.0%
Net Revenue	\$1,610,742	\$24,740	\$1,124,006	\$14,068	\$102,063	\$2,875,619	\$0
		i i					

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	89	
15-44 yr	4	6	10	Black/ African American :	52	Unknown Ethnicity Patients	0	
45-64 yr	19	15	34	Hawaiian /Pacific Islande	0	TOTAL:	89	
65-74 yr	13	9	22	White:	36			
75 < yrs	11	12	23	Unknown:	0			
Total	47	42	89	TOTAL:	89			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care Waukegan Harbor Name:

110 North West Street Address:

14-2727

Waukegan City: Lake County: HSA: 8

**Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care of Illinois, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** AMERICAN REALTY CAPITAL OPERATING

Other Ownership:

**Medical Director Name:** Rakhi Khanna, M.D. **Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	21	Full-Time Work Week:	32		
Certified Stations by CMS:	21	Regsitered Nurse :	5		
Peak Authorized Stations Operated:	21	Dialysis Technician :	11		
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		
(subset of authorized stations)		LPN:	0		
Number of Shifts Operated per day		Other Health :	0		
		Other Non-Health:	2		

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	13	17	13	0	17	13
Number of Patients Treated	57	32	58	33	0	58	33

### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: 76 In-Center Treatments in calendar year: 13,041 (Beginning patients) **Number of Missed Treatments:** 712

**Average Daily Treatments:** Patients treated as of 12/31/2014:

92 (Ending patients) **Average Treatment Time (min):** 270.0

**Total Unduplicated patients** 126 treated in calendar year:

ADDITIONS to the FAC	ILITY .	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	43	Recovered patients:	1	Treatment Capacity/year (based on Stations):	19,656
Transient Patients:	8	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	66%
Patients Re-Started:	0	Patients transferred out:	24	Use Rate (including Missed Treatments):	70%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	60%
Total:	51	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	73%
		Patients deceased:	8		

Total: 34

### Patients and Net Revenue by Payor Source

		Medica	re M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		54.0	0%	7.9%	27.8%	5.6%	4.8%	100.0%	0.0%
Patient		ı	68	10	35	7	6	126	0
1/1/2013 <b>to</b> 1	2/31/2013	39.5	5%	1.5%	53.3%	3.2%	2.6%	100.0%	0.0%
Net Revenue		\$1,450,111	\$5	4,980	\$1,960,231	\$115,855	\$94,516	\$3,675,693	\$0
<u>Pat</u>	ients by Ag	e and Sex			Patients by Race	<u> </u>	<u>Pat</u>	ients by Ethnicit	 Y
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	3	Hispanic Latino	Patients:	48
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	78

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	48	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	78	
15-44 yr	13	2	15	Black/ African American :	54	Unknown Ethnicity Patients	0	
45-64 yr	30	23	53	Hawaiian /Pacific Islande	0	TOTAL:	126	
65-74 yr	19	17	36	White:	69			
75 < yrs	6	16	22	Unknown:	0			
Total	68	58	126	TOTAL:	126			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care West Batavia Name:

2580 W. Fabyan Parkway Address:

Batavia City: Kane County: HSA: 8 14-2729 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care West Batavia, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company DBMC ASSOCIATES II, LLC **Property Owner:** 

Other Ownership:

**Medical Director Name:** Navinchandra Dodhia, M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	6	12	6	0	12	6	
Number of Patients Treated	23	7	24	7	0	24	7	

### **Facility Utilization Information**

**ADDITIONS to the FACILITY** 

**Facility Reported Treatment Information Facility Reported Patient Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 4,189 20 (Beginning patients) **Number of Missed Treatments:** 37

**Average Daily Treatments:** Patients treated as of 12/31/2014: 35 (Ending patients) **Average Treatment Time (min):** 300.0

**Total Unduplicated patients** 43

treated in calendar year:

#### **LOSSES to the FACILITY USE RATE for the FACILITY**

New Patients:	16	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	8	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	37%
Patients Re-Started:	0	Patients transferred out:	8	Use Rate (including Missed Treatments):	38%
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	28%
Total:	25	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	49%
		Patients deceased:	2		

Total: 12

#### Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		46.	5%	2.3%	48.8%	0.0%	2.3%	100.0%	0.0%
Patient			20	1	21	0	1	43	0
1/1/2013 <b>to</b>	12/31/2013	23.	6%	1.9%	73.9%	0.7%	0.0%	100.0%	0.0%
Net Revenue		\$478,90	5 \$3	37,721	\$1,500,210	\$14,211	\$0	\$2,031,048	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	5
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	38
15-44 yr	2	0	2	Black	d African American :	7	Unknown Ethnic	city Patients	0
45-64 yr	15	4	19	Hawa	iian /Pacific Islande	0	TOTAL:	-	43
65-74 yr	9	2	11	White	e:	34			
75 < yrs	5	6	11	Unkn	own :	0			
Total	31	12	43	TOTA	AL:	43			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Care West Belmont

Address: 4943 West Belmont

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2523

Legal Entity Operator:

Fresenius Medical Care Chicagoland, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: 4935 W. BELMONT, INC

Other Ownership:

Medical Director Name: Neetha Dhananjaya, M.D.

**Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	17	Full-Time Work Week:	32	
Certified Stations by CMS:	17	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	17	Dialysis Technician :	9	
Authorized Stations Setup and Staffed in Oct 1-7:	17	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
·		Other Non-Health:	2	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	43	33	42	33	0	41	34

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 82 In-Center Treatments in calendar year: 12,069 (Beginning patients) Number of Missed Treatments: 312

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 300.0

Total Unduplicated patients 109 treated in calendar year:

Total:

6

11

42

17

24

109

White:

TOTAL:

Unknown:

reated in outchad year.

11

13

67

65-74 yr

75 < yrs

**Total** 

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 25 Recovered patients: 2 Treatment Capacity/year (based on Stations): 15,912 **Transient Patients:** 2 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 76% Patients Re-Started: 0 Patients transferred out: 22 Use Rate (including Missed Treatments): 78% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 80% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 85% Total: 27 Patients deceased: 5

### Patients and Net Revenue by Payor Source

32

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		46.	.8%	12.8%	35.8%	3.7%	0.9%	100.0%	0.0%
Patient			51	14	39	4	1	109	0
1/1/2013 <b>to</b> 1	12/31/2013	51.	.6%	28.4%	18.1%	1.7%	0.2%	100.0%	0.0%
Net Revenue		\$1,517,89	91 \$83	5,924	\$532,023	\$48,770	\$4,814	\$2,939,423	\$0
Pat	tients by Ag	e and Sex			Patients by Race	!	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	79
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	30
15-44 yr	14	6	20	Black	/ African American :	9	Unknown Ethnic	city Patients	0
45-64 yr	29	19	48	Hawa	iian /Pacific Islande	0	TOTAL:		109

98

0

109

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

CTATION INCORMATION

### Ownership, Management and General Information

Name: Fresenius Medical Care West Willow

Address: 1444 West Willow

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2730

Legal Entity Operator:

Fresenius Medical Care West Willow, LLC

FACILITY CTAFFING FULL TIME FOLIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: Elston Industrial Lofts, LLC

Other Ownership:

Medical Director Name: Mohamed Salem, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	32	
Certified Stations by CMS:	12	Regsitered Nurse :	2	
Peak Authorized Stations Operated:	12	Dialysis Technician :	3	
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0	
	4	0 1114/ 1	•	

Authorized Stations Setup and Staffed in Oct 1-7: 12 Dietician: 0

Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0

(subset of authorized stations) LPN: 0

Number of Shifts Operated per day Other Health: 0

Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	13	13	0	13	13
Number of Patients Treated	15	12	17	13	0	17	15

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 31 In-Center Treatments in calendar year: 4,645 (Beginning patients) Number of Missed Treatments: 225 Average Daily Treatments:

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 210.0

Total Unduplicated patients 67 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ABBITTORIO LO LITO I ALGIETTI				<u> </u>	
New Patients:	24	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	13	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	41%
Patients Re-Started:	0	Patients transferred out:	25	Use Rate (including Missed Treatments):	43%
Post-Transplant Patien	2	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	43%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	3		

#### Patients and Net Revenue by Payor Source

31

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.7%	1.5%	32.8%	0.0%	0.0%	100.0%	0.0%
Patient	44	1	22	0	0	67	0
1/1/2013 <b>to</b> 12/31/2013	39.3%	1.6%	58.9%	0.3%	0.0%	100.0%	0.0%
Net Revenue	\$610,889	\$24,554	\$915,080	\$4,135	\$0	\$1,554,658	\$0
Patients by Age	and Sex	İ	Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TOT	AL Asiar	Patients:	5	Hispanic Latino	Patients:	10
44	0	O N-45-	- A	0	Man Illanasia	-the Batter	

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	10
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	57
15-44 yr	5	4	9	Black/ African American :	30	Unknown Ethnicity Patients	0
45-64 yr	16	10	26	Hawaiian /Pacific Islande	0	TOTAL:	67
65-74 yr	9	6	15	White:	22		
75 < yrs	8	9	17	Unknown:	10		
Total	38	29	67	TOTAL:	67		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Care Williamson County Name:

Address: 900 Skyline Drive, Ste 200

City: Williamson County:

HSA: 5 14-2627 **Medicare ID:** 

Marion

**Legal Entity Operator:** 

Bio-Medical Applications of Illinois, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Zeller Properties

Other Ownership:

Muhammed Kamran, M.D. **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME I	EQUIVALENT
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	6
Peak Authorized Stations Operated:	14	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	11	15	11	0	15	11	
Number of Patients Treated	27	27	35	23	0	34	25	

### Facility Utilization Information

**Facility Reported Treatment Information Facility Reported Patient Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 7,813 57 (Beginning patients) **Number of Missed Treatments:** 597

**Average Daily Treatments:** Patients treated as of 12/31/2014: 58 **Average Treatment Time (min):** (Ending patients) 240.0

**Total Unduplicated patients** 94

Total:

20

56

33

94

treated in calendar year: ADDITIONS to the FACILITY

13

38

75 < yrs

**Total** 

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

0

94

ABBITTORE TO THE TATE	<u> </u>			<u>002 11/112 101 1110 1 / 101211 1</u>	
New Patients:	32	Recovered patients:	5	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	3	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	60%
Patients Re-Started:	2	Patients transferred out:	18	Use Rate (including Missed Treatments):	64%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	68%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	10		

### Patients and Net Revenue by Payor Source

36

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		72	.3%	3.2%	19.1%	1.1%	4.3%	100.0%	0.0%
Patient			68	3	18	1	4	94	0
1/1/2013 <b>to</b> 1	12/31/2013	56	6.0%	1.5%	38.6%	1.0%	2.9%	100.0%	0.0%
Net Revenue		\$1,289,86	62 9	\$34,610	\$888,729	\$24,133	\$67,963	\$2,305,298	\$0
<u>Pat</u>	ients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	1
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	93
15-44 yr	3	6	9	Black	/ African American :	10	Unknown Ethnic	city Patients	0
45-64 yr	8	15	23	Hawa	iian /Pacific Islande	0	TOTAL:		94
65-74 yr	14	15	29	White		82			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Unknown:

TOTAL:

### Ownership, Management and General Information

Name: Fresenius Medical Care Willowbrook Address: 6300 Kingery Highway, Ste 408

City: Willowbrook
County: DuPage
HSA: 7
Medicare ID: 14-2632

Legal Entity Operator: WSKC

WSKC Dialysis Services, Inc.

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Regency Centers LP

Other Ownership:

Medical Director Name: May Chow, M.D.

Provides Incenter Noctural Dialysis:

STATION INFORMATION FACILITY S	TAFFING - FULL TIME EQUIVALENT
--------------------------------	--------------------------------

Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	32
Certified Stations by CMS:	20	Regsitered Nurse :	6
Peak Authorized Stations Operated:	20	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	33	36	42	35	0	46	33

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 75 In-Center Treatments in calendar year: 11,123 (Beginning patients) Number of Missed Treatments: 227

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 270.0

Total Unduplicated patients 145 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

Total:

ADDITIONS to the FAC	<u> ILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	57	Recovered patients:	2	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	15	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	59%
Patients Re-Started:	1	Patients transferred out:	48	Use Rate (including Missed Treatments):	61%
Post-Transplant Patien	1	Patients voluntarily discontinued	8	Use Rate (Begining patients treated):	63%
Total:	74	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	68%
		Patients deceased:	9		

#### Patients and Net Revenue by Payor Source

70

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	71.7%	2.8%	23.4%	1.4%	0.7%	100.0%	0.0%
Patient	104	4	34	2	1	145	0
1/1/2013 <b>to</b> 12/31/2013	59.3%	0.8%	39.7%	0.2%	0.0%	100.0%	0.0%
Net Revenue	\$2,642,426	\$35,356	\$1,771,827	\$9,509	\$0	\$4,459,118	\$0
Patients by Age	and Sex		Patients by Rac	e	Pat	tients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	3	Hispanic Latino Patients:	14
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	131
15-44 yr	9	7	16	Black/ African American :	30	Unknown Ethnicity Patients	0
45-64 yr	25	17	42	Hawaiian /Pacific Islande	0	TOTAL:	145
65-74 yr	23	14	37	White:	112		
75 < yrs	29	21	50	Unknown:	0		
Total	86	59	145	TOTAL:	145		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Name: Fresenius Medical Center - Chicago Westside

Address: 1340 S. Damen

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2681

Legal Entity Operator:

Fresenius Medical Care of Illinois, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: LUI Chicago Hastings, LLC

Other Ownership:

Medical Director Name: Jose Arruda, M.D. Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	31	Full-Time Work Week:	32
Certified Stations by CMS:	31	Regsitered Nurse :	5
Peak Authorized Stations Operated:	25	Dialysis Technician :	11
Authorized Stations Setup and Staffed in Oct 1-7:	25	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	42	42	44	39	0	41	44

### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 89 In-Center Treatments in calendar year: 10,285 (Beginning patients) Number of Missed Treatments: 527

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

240.0

Total Unduplicated patients 126

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 22 Recovered patients: 0 Treatment Capacity/year (based on Stations): 29,016 **Transient Patients:** 8 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 35% Patients Re-Started: 0 Patients transferred out: 27 Use Rate (including Missed Treatments): 37% Patients voluntarily discontinued Use Rate (Begining patients treated): 48% **Post-Transplant Patien** 1 1 31 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 49% Total: 1

Patients deceased: 4
Total: 34

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	49.2%	16.7%	26.2%	7.1%	0.8%	100.0%	0.0%
Patient	62	21	33	9	1	126	0
1/1/2013 <b>to</b> 12/31/2013	53.1%	32.8%	5.6%	7.3%	1.2%	100.0%	0.0%
Net Revenue	\$1,762,415	\$1,086,428	\$184,314	\$243,041	\$40,866	\$3,317,065	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS MALE	FEMALE TO	TAL Asian	Patients:	1	Hispanic Latino	Patients:	58
				_			

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	58	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	68	
15-44 yr	14	10	24	Black/ African American :	65	Unknown Ethnicity Patients	0	
45-64 yr	26	18	44	Hawaiian /Pacific Islande	0	TOTAL:	126	
65-74 yr	27	16	43	White:	59			
75 < yrs	9	6	15	Unknown:	0			
Total	76	50	126	TOTAL:	126			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

Fresenius Medical Center of Plainfield Name:

2320 Michas Drive Address:

Plainfield City: Will County: HSA: 9 14-2707 **Medicare ID:** 

**Legal Entity Operator:** 

Fresenius Medical Care of Plainfield, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company ZENITH HOLDINGS, LIMITED **Property Owner:** 

Other Ownership:

**Medical Director Name:** Morufu Alausa, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<del></del>			
Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32	
Certified Stations by CMS:	16	Regsitered Nurse :	4	
Peak Authorized Stations Operated:	16	Dialysis Technician :	7	
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0	
(subset of authorized stations)		LPN:	0	
Number of Shifts Operated per day		Other Health :	0	
		Other Non-Health:	2	

# Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	42	34	46	36	0	48	36	

### Facility Utilization Information

Facility Reported Treatment Information **Facility Reported Patient Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 11,149 77 (Beginning patients) **Number of Missed Treatments:** 271

**Average Daily Treatments:** Patients treated as of 12/31/2014: 76

Madiaaid

(Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 137

Madiaara

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONO TO THE LAC	<u>/ILIII</u>	LOGOLO LO LIIC I ACILITI		OOL NATE TOT THE TAGILITY	
New Patients:	51	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	6	Transplant Recipients:	4	Use Rate (Treatments/Treatment capacity):	74%
Patients Re-Started:	1	Patients transferred out:	38	Use Rate (including Missed Treatments):	76%
Post-Transplant Patien	2	Patients voluntarily discontinued	6	Use Rate (Begining patients treated):	80%
Total:	60	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	79%
		Patients deceased:	12		
		Total:	61		

### Patients and Net Revenue by Payor Source

Drivete Day

Other Bublic

TOTAL

Charity Care

Drivete Incurence

		Medica	re ivi	edicaid	Private insurance	Private Pay	Otner Public	IOIAL	Charity Care
		65.0	1%	1.5%	32.8%	0.0%	0.7%	100.0%	0.0%
Patient		8	89	2	45	0	1	137	0
1/1/2013 <b>to</b>	12/31/2013	49.1	%	1.8%	47.6%	0.5%	1.0%	100.0%	0.0%
Net Revenue		\$2,005,914	\$7	3,222	\$1,941,657	\$20,027	\$42,351	\$4,083,171	\$0
Pat	tients by Ag	e and Sex			Patients by Race	1	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	7	Hispanic Latino	Patients:	18
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	119
15-44 yr	7	3	10	Black	d African American :	34	Unknown Ethnic	city Patients	0
45-64 yr	27	14	41	Hawa	iian /Pacific Islande	4	TOTAL:	-	137
65-74 yr	21	18	39	White	e:	92			
75 < yrs	19	28	47	Unkn	own:	0			
Total	74	63	137	TOTA	AL:	137			

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

### Ownership, Management and General Information

GAMBRO Healthcare - Litchfield Name:

Address: 915 St. Francis Way

Litchfield City: Montgomery County:

HSA: 14-2583 **Medicare ID:** 

3

**Legal Entity Operator:** 

DVA Renal Healthcare, INC

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** St. Francis Hospital

Other Ownership:

**Medical Director Name:** Xueguang Chen **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40	
Certified Stations by CMS:	12	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	12	Dialysis Technician :	4	
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	

Isola (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 1 0 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14.5	11	14.5	11	0	14.5	11	
Number of Patients Treated	27	22	28	22	0	29	22	

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 48 7.744 (Beginning patients) **Number of Missed Treatments:** 232

**Average Daily Treatments:** Patients treated as of 12/31/2014: 56

(Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 78 treated in calendar year:

#### ADDITIONS to the FACILITY **LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** 27 Recovered patients: 1 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 3 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 69% Patients Re-Started: 0 Patients transferred out: 8 **Use Rate (including Missed Treatments):** 71% 3 Patients voluntarily discontinued 6 Use Rate (Begining patients treated): 67% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 33 0 78% Patients deceased: 7 Total: 22

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	93.6%	2.6%	3.8%	0.0%	0.0%	100.0%	0.0%
Patient	73	2	3	0	0	78	0
1/1/2014 <b>to</b> 12/31/2014	66.8%	2.6%	20.1%	0.0%	10.5%	100.0%	0.0%
Net Revenue	\$1,264,546	\$49,551	\$380,865	\$0	\$198,286	\$1,893,248	\$0
Patients by Age	and Sex		Patients by Race		Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	78
15-44 yr	4	3	7	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	7	10	17	Hawaiian /Pacific Islande	0	TOTAL:	78
65-74 yr	12	13	25	White:	76		
75 < yrs	15	14	29	Unknown:	0		
Total	38	40	78	TOTAL:	78		

### Ownership, Management and General Information

GAMBRO Healthcare - Taylorville Name:

Address: 901 West Spresser

14-2587

**Taylorville** City: Christian County: HSA: 3

**Medicare ID:** 

**Legal Entity Owner:** Ownership Type: **Property Owner:** 

For Profit Corporation

DVA Renal Healthcare, INC

Richmar, LLC

Other Ownership:

**Legal Entity Operator:** 

**Medical Director Name:** Pradeep Mehta **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014: 10 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 10 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 10 Dialysis Technician: 5 0 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 0 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	8	11	8	0	11	8
Number of Patients Treated	17	8	18	10	0	19	12

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 39 5,165 (Beginning patients) **Number of Missed Treatments:** 293 **Average Daily Treatments:** Patients treated as of 12/31/2014:

31 (Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 48

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 15 Recovered patients: 1 Treatment Capacity/year (based on Stations): 9,360 **Transient Patients:** 6 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 55% Patients Re-Started: 3 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 58% 0 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 65% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 24 0 52% Patients deceased: 11

> Total: 29

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	95.8%	0.0%	4.2%	0.0%	0.0%	100.0%	0.0%
Patient	46	0	2	0	0	48	0
1/1/2014 <b>to</b> 12/31/2014	70.0%	0.0%	17.6%	0.0%	12.4%	100.0%	0.0%
Net Revenue	\$827,971	\$0	\$208,336	\$0	\$146,356	\$1,182,663	\$0
Patients by Age	and Sex		Patients by Race	<u>e</u>	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS MALE	FEMALE TOTA	AL Asiar	Patients:	0	Hispanic Latino	Patients:	0

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	48	
15-44 yr	1	2	3	Black/ African American :	1	Unknown Ethnicity Patients	0	
45-64 yr	7	2	9	Hawaiian /Pacific Islande	0	TOTAL:	48	
65-74 yr	10	6	16	White:	47			
75 < yrs	12	8	20	Unknown:	0			
Total	30	18	48	TOTAL:	48			

### Ownership, Management and General Information

Garfield Kidney Center Name:

Address: 3250 West Franklin

Chicago City: Cook County: HSA: 6 **Medicare ID:** 14-2646

**Legal Entity Operator:** 

Davita Garfield Kidney Center

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** Total Renal Care Inc.

Other Ownership:

**Medical Director Name:** Aneziorokoro Ogbonnaya

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	Full-Time Work Week:	40	
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	13	16	13	0	16	13	
Number of Patients Treated	40	45	42	45	0	43	43	

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 103 3,397 (Beginning patients) **Number of Missed Treatments:** 746

**Average Daily Treatments:** Patients treated as of 12/31/2014: 94 (Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 149

Medicare

51

treated in calendar year:

98

**Total** 

LOSSES to the FACILITY **USE RATE for the FACILITY** 

**Private Pav** 

149

Other Public

TOTAL

**Charity Care** 

ADDITIONS to the FACILITY **New Patients:** 37 Recovered patients: 2 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 11 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 23% Patients Re-Started: 0 Patients transferred out: 40 Use Rate (including Missed Treatments): 28% 0 Patients voluntarily discontinued 0 107% **Post-Transplant Patien** Use Rate (Begining patients treated): 2 Use Rate (Year end Patients/Stations\*6): Total: 48 Patients lost to follow up: 98% Patients deceased: 16

> Total: 61

> > Medicaid

### Patients and Net Revenue by Payor Source

**Private Insurance** 

		61.7	%	33.6%	4.0%	0.0%	0.7%	100.0%	0.0%
Patient		Ç	92	50	6	0	1	149	0
1/1/2014 <b>to</b>	12/31/2014	64.5	%	12.4%	11.3%	0.3%	11.5%	100.0%	0.3%
Net Revenue		\$2,165,332	\$41	5,933	\$378,651	\$10,620	\$387,408	\$3,357,944	\$10,620
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	2	Hispanic Latino	Patients:	39
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	110
15-44 yr	12	8	20	Black/ A	frican American :	104	Unknown Ethnic	city Patients	0
45-64 yr	58	26	84	Hawaiia	n /Pacific Islande	0	TOTAL:		149
65-74 yr	20	12	32	White:		43			
75 < yrs	8	5	13	Unknow	n:	0			

Garfield Kidney Center was purchased by Davita in 2014 and has a new Provider number. Provider number 142777

TOTAL:

149

### Ownership, Management and General Information

Name: Grand Crossing Dialysis

Address: 7319 South Cottage Grove Avenue

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2728

Legal Entity Operator:

Total Renal Care, Inc

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Kinzie Real Estate Group

Other Ownership:

Medical Director Name: Mohamed Salem Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	3
Peak Authorized Stations Operated:	12	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	3
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	18	15	18	0	15	18	
Number of Patients Treated	28	30	33	25	0	32	27	

### **Facility Utilization Information**

65-74 yr

75 < yrs

**Total** 

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 58 In-Center Treatments in calendar year: 8,553 (Beginning patients) Number of Missed Treatments: 612
Patients treated as of 12/31/2014: Average Daily Treatments:

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 206.0

Total Unduplicated patients 124

treated in calendar year:

15

7

70

9

14

54

24

21

124

White:

TOTAL:

Unknown:

### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	36	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	26	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	76%
Patients Re-Started:	0	Patients transferred out:	34	Use Rate (including Missed Treatments):	82%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	81%
Total:	62	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	88%
		Patients deceased:	9		
		Total:	49		

### Patients and Net Revenue by Payor Source

		Medica	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		79.	8%	14.3%	5.9%	0.0%	0.0%	100.0%	4.2%
Patient			95	17	7	0	0	119	5
1/1/2014 <b>to</b>	12/1/2014	38.	0%	6.8%	47.0%	0.9%	7.3%	100.0%	0.9%
Net Revenue		\$1,189,86	2 \$21	3,105	\$1,470,712	\$26,845	\$228,202	\$3,128,727	\$26,845
<u>Pat</u>	ients by Ag	e and Sex		1	Patients by Race		<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	tino Patien	121
15-44 yr	14	14	28	Black	/ African American :	121	Unknown Ethnic	ity Patients	0
45-64 yr	34	17	51	Hawa	iian /Pacific Islande	0	TOTAL:		124

0

3

124

### Ownership, Management and General Information

Name: Granite City Dialysis
Address: 9 American Village

City: Granite City
County: Madison
HSA: 11
Medicare ID: 14-2537

**Legal Entity Operator:** 

Renal Treatment Centers- Illinois, Inc

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Central Plaza Partners

Other Ownership:

Medical Director Name: Kenneth Gerdes
Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014: 20 **Full-Time Work Week:** 30 **Certified Stations by CMS:** 20 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 20 Dialysis Technician: 5 20 1 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	10	12	10	12	10	0	12	
Number of Patients Treated	34	37	34	37	34	0	37	

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 79 In-Center Treatments in calendar year: 11,103 (Beginning patients) Number of Missed Treatments: 1,236

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 123

Total:

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 38 Recovered patients: 3 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 6 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 59% Patients Re-Started: 2 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 66% Patients voluntarily discontinued 6 Use Rate (Begining patients treated): 66% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 68% Total: 0 Patients deceased: 10

### Patients and Net Revenue by Payor Source

33

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	63.4%	21.1%	8.9%	6.5%	0.0%	100.0%	0.0%
Patient	78	26	11	8	0	123	0
1/1/2014 <b>to</b> 12/31/2014	49.5%	2.2%	28.9%	1.2%	18.2%	100.0%	1.2%
Net Revenue	\$1,599,788	\$71,060	\$934,064	\$39,617	\$587,045	\$3,231,574	\$39,617
Detients by Are	and Cav	I	Dationto by Doo		Det	ionto by Ethnicit	

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	12
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	0
15-44 yr	8	7	15	Black/ African American :	35	Unknown Ethnicity Patients	111
45-64 yr	30	22	52	Hawaiian /Pacific Islande	0	TOTAL:	123
65-74 yr	20	15	35	White:	76		
75 < yrs	12	9	21	Unknown:	12		
Total	70	53	123	TOTAL:	123		

### Ownership, Management and General Information

Name: Highland Park Hospital Dialysis

Address: 777 Park Ave West

City: Highland Park

County: Lake HSA: 8 Medicare ID: 14-2336 **Legal Entity Operator:** 

Northshore University Healthsystem

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type:

Other Not for Profit Corp

Property Owner: Other Ownership:

Medical Director Name: Dr. Nancy Nora

Provides Incenter Noctural Dialysis: 

✓

OT 4 TI O 1 I	INITED DATA A TION
STATION	INFORMATION

Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	40
Certified Stations by CMS:	20	Regsitered Nurse :	10
Peak Authorized Stations Operated:	20	Dialysis Technician :	13
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	23	14	23	14	0	23	14
Number of Patients Treated	59	31	63	32	0	62	30

### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 83 In-Center Treatments in calendar year: 13,210 (Beginning patients) Number of Missed Treatments: 2

Patients treated as of 12/31/2014: 79 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 210.0

Total Unduplicated patients 142

Total:

treated in calendar year:

ADDITIONS to the FACILITY

### LOSSES to the FACILITY USE RATE for the FACILITY

ADDITION TO THE	<u>,,_,,</u>			<u> </u>	
New Patients:	41	Recovered patients:	5	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	20	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	71%
Patients Re-Started:	2	Patients transferred out:	44	Use Rate (including Missed Treatments):	71%
Post-Transplant Patien	0	Patients voluntarily discontinued	4	Use Rate (Begining patients treated):	69%
Total:	63	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	66%
		Patients deceased:	24		

### Patients and Net Revenue by Payor Source

82

Patient         78.2%         10.6%         11.3%         0.0%         0.0%         100.0%         0.0%           Patient         111         15         16         0         0         142         0           10/1/2013 to         9/30/2014         70.3%         3.9%         25.6%         0.2%         0.0%         100.0%         3.2%           Net Revenue         \$2,933,281         \$163,310         \$1,069,276         \$9,147         \$0         \$4,175,014         \$134,607		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
10/1/2013 <b>to</b> 9/30/2014 70.3% 3.9% 25.6% 0.2% 0.0% 100.0% 3.2%		78.2%	10.6%	11.3%	0.0%	0.0%	100.0%	0.0%
	Patient	111	15	16	0	0	142	0

						1	
<u>Par</u>	tients by Ac	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	12
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	130
15-44 yr	4	2	6	Black/ African American :	18	Unknown Ethnicity Patients	0
45-64 yr	15	10	25	Hawaiian /Pacific Islande	1	TOTAL:	142
65-74 yr	19	15	34	White:	121		
75 < yrs	43	34	77	Unknown:	0		
Total	81	61	142	TOTAL:	142		

From page 3 included in totals - 4th shift( nocturnal)- Wed Oct 1 - 9 Fri Oct 3 - 9 Mon Oct 6 - 8

### Ownership, Management and General Information

Illini Renal Dialysis Name: 507 E. University Avenue Address:

Champaign City: Champaign County:

HSA:

14-2633 **Medicare ID:** 

**Legal Entity Operator:** 

DVA Renal Healthcare, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Barr Real Estate

Other Ownership:

DR Abdel-Moneim M. Attia **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	11	Full-Time Work Week:	32
Certified Stations by CMS:	11	Regsitered Nurse :	4
Peak Authorized Stations Operated:	11	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1
Dialysis Station Lit	ilization for the We	ook of Oot 1 7	

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
<b>Number of Patients Treated</b>	22	19	23	19	0	24	22

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 6,518 46 (Beginning patients) **Number of Missed Treatments:** 314 **Average Daily Treatments:** Patients treated as of 12/31/2014:

47 **Average Treatment Time (min):** (Ending patients) 225.0

**Total Unduplicated patients** 101 treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

**New Patients:** 23 Recovered patients: 3 Treatment Capacity/year (based on Stations): 10,296 **Transient Patients:** 20 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 63% Patients Re-Started: 1 Patients transferred out: 33 **Use Rate (including Missed Treatments):** 66% **Post-Transplant Patien** 0 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 70% 44 Patients lost to follow up: 5 Use Rate (Year end Patients/Stations\*6): Total: 71% Patients deceased: 9 Total: 56

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.8%	11.1%	6.1%	0.0%	4.0%	100.0%	2.0%
Patient	78	11	6	0	4	99	2
1/1/2014 <b>to</b> 12/31/2014	45.5%	1.3%	17.6%	1.7%	33.9%	100.0%	1.7%
Net Revenue	\$949,056	\$26,796	\$367,069	\$35,105	\$707,915	\$2,085,942	\$35,105
Patients by Age	and Sex		Patients by Race	<u>)</u>	<u>Pat</u>	ients by Ethnicity	!
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	5

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	2	Non-Hispanic Latino Patien	96
15-44 yr	10	4	14	Black/ African American :	47	Unknown Ethnicity Patients	0
45-64 yr	26	15	41	Hawaiian /Pacific Islande	0	TOTAL:	101
65-74 yr	15	8	23	White:	52		
75 < yrs	13	10	23	Unknown:	0		
Total	64	37	101	TOTAL:	101		

### Ownership, Management and General Information

Jacksonville Dialysis Name: Address: 1515 West Walnut

Jacksonville City: Morgan County: HSA: 3 14-2581 **Medicare ID:** 

**Legal Entity Operator:** 

DVA Renal Healthcare Inc.

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** DVA Renal Healthcare Inc.

Other Ownership:

Lawrence Smith, MD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME</b>	<u>EQUIVALENT</u>	
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	3
Peak Authorized Stations Operated:	14	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	24	21	25	21	0	28	20

### **Facility Utilization Information**

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 52 7,337 (Beginning patients) **Number of Missed Treatments:** 510 **Average Daily Treatments:** Patients treated as of 12/31/2014:

53 (Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 86 treated in calendar year:

52

ADDITIONS to the FACILITY LOSSES to the FACILITY

Medicare

34

86

TOTAL:

**USE RATE for the FACILITY New Patients:** 26 Recovered patients: 3 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 5 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 56% Patients Re-Started: 3 Patients transferred out: 11 Use Rate (including Missed Treatments): 60% 0 Patients voluntarily discontinued 7 62% **Post-Transplant Patien** Use Rate (Begining patients treated): 34 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 63% Patients deceased: 10

Total: 32

Medicaid

#### Patients and Net Revenue by Payor Source

**Private Pav** 

86

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		93.0	0%	1.2%	5.8%	0.0%	0.0%	100.0%	0.0%
Patient			80	1	5	0	0	86	0
1/1/2014 <b>to</b> 1	12/31/2014	61.6	6%	1.1%	28.0%	0.0%	9.3%	100.0%	0.0%
Net Revenue		\$1,226,820	) \$2	2,831	\$558,285	\$0	\$184,826	\$1,992,762	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	86
15-44 yr	3	2	5	Black/ A	frican American :	5	Unknown Ethnic	city Patients	0
45-64 yr	16	13	29	Hawaiia	n /Pacific Islande	81	TOTAL:		86
65-74 yr	12	10	22	White:		0			
75 < yrs	21	9	30	Unknow	n:	0			

### Ownership, Management and General Information

JCH Dialysis Center Name: Address:

917 S. State Street Jerseyville

City: Jersey County: HSA: 3 14-2636 **Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** Raul Walters Companies

Other Ownership:

**Medical Director Name:** Mehr Mallick, MD **Provides Incenter Noctural Dialysis:** 

CTATION	INFORMATION	
SIAIRIN	INFURINALIUM	

Authorized Stations as of 12/31/2014:	7	Full-Time Work Week:	40
Certified Stations by CMS:	7	Regsitered Nurse :	2
Peak Authorized Stations Operated:	7	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	7	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	11	13	11	0	13	11
Number of Patients Treated	15	12	16	15	0	16	13

### **Facility Utilization Information**

**Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 24 (Beginning patients)

Total:

3

15

7

32

Patients treated as of 12/31/2014: (Ending patients)

4

17

**Total Unduplicated patients** treated in calendar year:

75 < yrs

**Total** 

### **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 4,568 **Number of Missed Treatments:** 186

**Average Daily Treatments:** 

0

32

**Average Treatment Time (min):** 210.0

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

32

32

71221110110 to the 1710	<del></del>			<u> </u>	
New Patients:	13	Recovered patients:	0	Treatment Capacity/year (based on Stations):	6,552
Transient Patients:	3	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	70%
Patients Re-Started:	3	Patients transferred out:	4	Use Rate (including Missed Treatments):	73%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	57%
Total:	19	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	76%
		Patients deceased:	3		

#### Patients and Net Revenue by Payor Source

8

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		84	.4%	3.1%	6.3%	6.3%	0.0%	100.0%	0.0%
Patient			27	1	2	2	0	32	0
1/1/2014 <b>to</b> 1	12/31/2014	41	.0%	0.6%	47.7%	0.1%	10.6%	100.0%	0.0%
Net Revenue		\$739,45	53	\$10,653	\$860,753	\$2,360	\$191,633	\$1,804,852	\$0
Pat	tients by Aq	e and Sex		1	Patients by Rac	0	Dat	ients by Ethnicity	,
		<del></del>			<u>ralients by Nac</u>	<u> </u>	<u>ı aı</u>	ICING DY ENTINCIE	L
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino		0
AGE GROUPS <14 yrs	MALE 0		<b>TOTAL</b> 0					Patients:	0 32
	<b>MALE</b> 0 1		<b>TOTAL</b> 0 2	Native	Patients:	0	Hispanic Latino	Patients: atino Patien	0
<14 yrs	<b>MALE</b> 0 1 5		0	Native Black	Patients: e American/ Indian:	0 0	Hispanic Latino Non-Hispanic La	Patients: atino Patien	0

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

### Ownership, Management and General Information

John H. Stroger Hospital of Cook County Dialysis Name:

1901 West Harrison Address:

Chicago City: Cook County: HSA: 6 14-2313 Medicare ID:

John H. Stroger Hospital of Cook County **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: County **Property Owner:** Cook County

Other Ownership:

**Medical Director Name:** Kalyani Perumal, MD **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Regsitered Nurse :	10
Peak Authorized Stations Operated:	9	Dialysis Technician :	0
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	2
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0
<u>Dialysis Station Uti</u>	lization for the We	eek of Oct 1 - 7	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	16	16	16	
Number of Patients Treated	14	13	14	13	0	14	13	

### **Facility Utilization Information**

75 < yrs

**Total** 

**Facility Reported Patient Information Facility Reported Treatment Information** Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 4,764 24 (Beginning patients) **Number of Missed Treatments:** 0 **Average Daily Treatments:** Patients treated as of 12/31/2014: 31 (Ending patients) **Average Treatment Time (min):** 180.0

**Total Unduplicated patients** 58 treated in calendar year:

1

22

0

36

1

58

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	37	Recovered patients:	2	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	57%
Patients Re-Started:	2	Patients transferred out:	29	Use Rate (including Missed Treatments):	57%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	44%
Total:	41	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	57%
		Patients deceased:	0		
		Total:	34		

#### Patients and Net Revenue by Payor Source

		Medic	care N	/ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		13	3.0%	67.4%	6.5%	10.9%	2.2%	100.0%	26.1%
Patient			6	31	3	5	1	46	12
12/1/2012 <b>to</b> 1	1/30/2013	25	5.8%	65.6%	6.9%	1.7%	0.0%	100.0%	433.3%
Net Revenue		\$48,26	64 \$1	22,881	\$12,968	\$3,259	\$0	\$187,372	\$811,882
Pat	ients by Ag	e and Sex			Patients by Rac	<u>:e</u>	<u>Pati</u>	ents by Ethnicit	У
AGE GROUPS	MALE	FEMALE	TOTAL	Asiar	Patients:	0	Hispanic Latino	Patients:	30
<14 yrs	0	0	0	Nativ	e American/ Indian:	2	Non-Hispanic La	tino Patien	28
15-44 yr	11	4	15	Black	d African American :	20	Unknown Ethnic	ity Patients	0
45-64 yr	24	15	39	Hawa	iian /Pacific Islande	0	TOTAL:		58
65-74 yr		2	3	White		29			

7

58

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

### Ownership, Management and General Information

Kankakee County Dialysis Name:

581 William Latham Drive Address:

**Bourbonnais** City: Kankakee County: HSA: 10 14-2685 **Medicare ID:** 

**Legal Entity Operator:** 

Renal Treatment Centers - Illinois, Inc.

201.0

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Faz Properties LLC.

Other Ownership:

Dr. Nashib Hashmi **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40		
Certified Stations by CMS:	12	Regsitered Nurse :	3		
Peak Authorized Stations Operated:	12	Dialysis Technician :	4		
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1		
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1		

Isola (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10.5	10.5	10.5	10.5	0	10.5	10.5
Number of Patients Treated	17	24	23	22	0	23	23

### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 45 6,501 (Beginning patients) **Number of Missed Treatments:** 2

**Average Daily Treatments:** Patients treated as of 12/31/2014: 44

(Ending patients) Average Treatment Time (min): **Total Unduplicated patients** 

75 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 25 Recovered patients: 3 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 5 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 58% Patients Re-Started: 0 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 58% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 63% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 61% Total: 30

Patients deceased: 14 Total: 32

### Patients and Net Revenue by Payor Source

Patient         63         2         3         0         6         74         1           1/1/2014 to 12/31/2014         62.0%         1.4%         14.8%         1.2%         20.6%         100.0%         1.2%		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
1/1/2014 <b>to</b> 12/31/2014 62.0% 1.4% 14.8% 1.2% 20.6% 100.0% 1.2%		85.1%	2.7%	4.1%	0.0%	8.1%	100.0%	1.4%
	Patient	63	2	3	0	6	74	1
	1/1/2014 <b>to</b> 12/31/2014 <b>Net Revenue</b>	<i>62.0%</i> \$1,020,703	1.4% \$22,743	<i>14.8%</i> \$243,147	<i>1.2%</i> \$19,470	<i>20.6%</i> \$339,613	100.0% <b>\$1,645,677</b>	<i>1.2%</i> \$19,470

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	72
15-44 yr	1	3	4	Black/ African American :	28	Unknown Ethnicity Patients	0
45-64 yr	18	7	25	Hawaiian /Pacific Islande	0	TOTAL:	75
65-74 yr	8	10	18	White:	47		
75 < yrs	14	14	28	Unknown:	0		
Total	41	34	75	TOTAL:	75		

### Ownership, Management and General Information

Name:

Lake Park Dialysis

Address:

43rd & South Cottage Grove

City: County:

**Medicare ID:** 

HSA:

Chicago Cook

6 14-2717 **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** 

**Bob Ernest** 

Total Renal Care

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Other Ownership:

Bharathi Reddy **Medical Director Name: Provides Incenter Noctural Dialysis:** ~

Authorized Stations as of 12/31/2014:	32	Full-Time Work Week:	40
Certified Stations by CMS:	32	Regsitered Nurse :	9
Peak Authorized Stations Operated:	32	Dialysis Technician :	16
Authorized Stations Setup and Staffed in Oct 1-7:	32	Dietician :	1
Isolation Stations Set up in Oct 1-7:	2	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	12	16	12	0	16	12
<b>Number of Patients Treated</b>	56	45	58	45	0	58	49

### **Facility Utilization Information**

**Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 113

(Beginning patients)

Patients treated as of 12/31/2014:

(Ending patients) **Total Unduplicated patients** 

treated in calendar year:

#### **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 16,489 972

**Number of Missed Treatments:** 

**Average Daily Treatments:** 

Average Treatment Time (min): 240.0

#### ADDITIONS to the FACILITY

**New Patients:** 43 **Transient Patients:** 22 Patients Re-Started: 0 **Post-Transplant Patien** 1 Total: 66

#### LOSSES to the FACILITY

120

120

Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total:

### **USE RATE for the FACILITY**

Treatment Capacity/year (based on Stations): 29,952 Use Rate (Treatments/Treatment capacity): 55% Use Rate (including Missed Treatments): 58% Use Rate (Begining patients treated): 59% Use Rate (Year end Patients/Stations\*6): 63%

#### Patients and Net Revenue by Payor Source

0

3

38

0

0

7

48

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	78.1%	16.7%	5.3%	0.0%	0.0%	100.0%	5.3%
Patient	89	19	6	0	0	114	6
1/1/2014 <b>to</b> 12/31/2014	58.1%	5.7%	17.8%	2.7%	15.7%	100.0%	2.7%
Net Revenue	\$2,540,896	\$250,563	\$780,207	\$116,230	\$687,596	\$4,375,491	\$116,230

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	1
15-44 yr	8	12	20	Black/ African American :	118	Unknown Ethnicity Patients	118
45-64 yr	18	25	43	Hawaiian /Pacific Islande	0	TOTAL:	120
65-74 yr	16	19	35	White:	2		
75 < yrs	7	15	22	Unknown:	0		
Total	49	71	120	TOTAL:	120		

# Ownership, Management and General Information

Lake Villa Dialysis Name:

37809 North IL Route 59 Address:

Lake Villa City: Lake County: HSA: 8 Medicare ID: 14-2666

**Legal Entity Operator:** 

Renal Treament Centers-Illinois, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** OMAR DALLOUL

Other Ownership:

**Medical Director Name:** OMAR DALLOUL **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	
---------------------	--

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	1
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	8	14	8	0	14	8	
Number of Patients Treated	28	7	28	7	0	30	7	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

In-Center Treatments in calendar year: 5,703 81

Patients treated as of 1/1/2014: 39 (Beginning patients) **Number of Missed Treatments:** 

**Average Daily Treatments:** Patients treated as of 12/31/2014: 37 (Ending patients) **Average Treatment Time (min):** 217.0

**Total Unduplicated patients** 81 treated in calendar year:

**ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY** 

New Patients:	15	Recovered patients:	1	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	10	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	51%
Patients Re-Started:	0	Patients transferred out:	8	Use Rate (including Missed Treatments):	51%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	54%
Total:	25	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	51%
		Patients deceased:	5		
		Total:	17		

# Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	82.3%	7.6%	3.8%	2.5%	3.8%	100.0%	2.5%
Patient	65	6	3	2	3	79	2
1/1/2014 <b>to</b> 12/31/2014	64.5%	2.1%	23.5%	0.1%	9.9%	100.0%	0.1%
Net Revenue	\$1,006,752	\$32,905	\$366,327	\$1,180	\$154,322	\$1,561,486	\$1,180
Patients by Age and Sex		1	Dationte by Dac		Pat	ionte by Ethnicit	v

			•			. , , , , , , , , , , , , , , , , , , ,	
Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	16
<14 yrs	4	1	5	Native American/ Indian:	1	Non-Hispanic Latino Patien	65
15-44 yr	5	5	10	Black/ African American :	4	Unknown Ethnicity Patients	0
45-64 yr	10	5	15	Hawaiian /Pacific Islande	1	TOTAL:	81
65-74 yr	16	11	27	White:	55		
75 < yrs	15	9	24	Unknown:	16		
Total	50	31	81	TOTAL:	81		

# Ownership, Management and General Information

Name:

Lincoln Dialysis

Address:

2100 West 5th Street

City: County: HSA:

**Medicare ID:** 

Lincoln Logan 3

14-2582

**Legal Entity Operator:** 

**Legal Entity Owner:** 

DVA Renal Healthcare, Inc. For Profit Corporation

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Ownership Type:

Shelley Group LLP

**Property Owner:** Other Ownership:

Allen Krall MD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	32
Certified Stations by CMS:	14	Regsitered Nurse :	2
Peak Authorized Stations Operated:	14	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	12	0	0	12	0
Number of Patients Treated	18	0	19	0	0	20	0

#### **Facility Utilization Information**

Patients treated as of 1/1/2014:

**Facility Reported Patient Information** 

23

25

36

(Beginning patients) Patients treated as of 12/31/2014: (Ending patients)

**Total Unduplicated patients** treated in calendar year:

**Facility Reported Treatment Information** 

In-Center Treatments in calendar year: 3,411 **Number of Missed Treatments:** 27

**Average Daily Treatments:** 

Average Treatment Time (min): 216.0

#### ADDITIONS to the FACILITY

New Patients:	14
Transient Patients:	6
Patients Re-Started:	0
Post-Transplant Patien	0
Total:	20

#### LOSSES to the FACILITY

Recovered patients: **Transplant Recipients:** Patients transferred out: 6 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total: 15

#### **USE RATE for the FACILITY**

Treatment Capacity/year (based on Stations): 13,104 Use Rate (Treatments/Treatment capacity): 26% **Use Rate (including Missed Treatments):** 26% Use Rate (Begining patients treated): 27% Use Rate (Year end Patients/Stations\*6): 30%

#### Patients and Net Revenue by Payor Source

1

0

2

2

4

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	83.3%	11.1%	5.6%	0.0%	0.0%	100.0%	0.0%
Patient	30	4	2	0	0	36	0
1/1/2014 <b>to</b> 12/31/2014	73.1%	4.5%	0.0%	0.0%	22.3%	100.0%	0.1%
Net Revenue	\$580,852	\$36,033	\$0	\$0	\$177,273	\$794,157	\$885
Patients by Age and Sex			Patients by Rac	<u>:e</u>	<u>Pat</u>	ients by Ethnicit	У

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	0	
15-44 yr	2	0	2	Black/ African American :	1	Unknown Ethnicity Patients	36	
45-64 yr	8	7	15	Hawaiian /Pacific Islande	0	TOTAL:	36	
65-74 yr	6	7	13	White:	35			
75 < yrs	4	2	6	Unknown:	0			
Total	20	16	36	TOTAL:	36			

#### Ownership, Management and General Information

Name: Loyola Center for Dialysis on Roosevelt

Address: 1201 West Roosevelt Road

City: Maywood
County: Cook
HSA: 7
Medicare ID: 14-2329

Legal Entity Operator:

Loyola University Medical Center

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp

Loyola University Medical Center

Property Owner:
Other Ownership:

Medical Director Name: Vinod Bansal, MD Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	<u>QUIVALENT</u>
s as of 12/21/2014:	31	Full-Time Work Week:	10

Authorized Stations as of 12/31/2014: 40 Full-Time Work Week: **Certified Stations by CMS:** 31 Regsitered Nurse: 10 **Peak Authorized Stations Operated:** 31 Dialysis Technician: 15 30 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	66	52	68	52	0	70	53

#### **Facility Utilization Information**

# Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 133 In-Center Treatments in calendar year: 26,623 (Beginning patients) Number of Missed Treatments: 509
Patients treated as of 12/31/2014: 440 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

240.0

Total Unduplicated patients 187 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 58 Recovered patients: 1 Treatment Capacity/year (based on Stations): 29,016 **Transient Patients:** 1 **Transplant Recipients:** 11 Use Rate (Treatments/Treatment capacity): 92% Patients Re-Started: 0 Patients transferred out: 32 **Use Rate (including Missed Treatments):** 94% 8 Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 72% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 67 1 80% Patients deceased: 19

Total: 67

#### Patients and Net Revenue by Payor Source

	Medicare		Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	75.8%	4.3%	18.3%	1.6%	0.0%	100.0%	0.5%
Patient	141	8	34	3	0	186	11
7/1/2013 <b>to</b> 6/30/2014	34.3%	12.0%	46.3%	4.6%	2.8%	100.0%	1.8%
Net Revenue	\$317,450,000	\$111,326,000	\$428,903,000	\$42,407,000	\$25,923,000	\$926,009,000	\$16,275,351

Patients by Age and Sex			Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	9	Hispanic Latino Patients:	30	
<14 yrs	1	0	1	Native American/ Indian:	0	Non-Hispanic Latino Patien	157	
15-44 yr	21	13	34	Black/ African American :	104	Unknown Ethnicity Patients	0	
45-64 yr	33	35	68	Hawaiian /Pacific Islande	0	TOTAL:	187	
65-74 yr	22	26	48	White:	74			
75 < yrs	15	21	36	Unknown:	0			
Total	92	95	187	TOTAL:	187			

# Ownership, Management and General Information

Manteno Dialysis Centre Name:

1 East Division Address:

Manteno City: Kankakee

County:

HSA: 9 14-2671 Medicare ID:

**Legal Entity Operator:** 

Kankakee Valley Dialysis Network dba Manteno Dia

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

TOTAL:

0

60

**Legal Entity Owner:** 

Limited Liability Company Ownership Type:

**Property Owner:** Jerry Curwick

Other Ownership:

**Medical Director Name:** Dr. Paritosh Tiwari **Provides Incenter Noctural Dialysis:** 

OT 4 TI O 1 I		
STATION	INFORMATION	

Authorized Stations as of 12/31/2014:	15	Full-Time Work Week:	0
Certified Stations by CMS:	15	Regsitered Nurse :	3
Peak Authorized Stations Operated:	15	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	2
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	0	15	0	0	15	0
Number of Patients Treated	37	0	39	0	0	39	0

#### **Facility Utilization Information**

45-64 yr

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 45 6,120 (Beginning patients) **Number of Missed Treatments:** 150 **Average Daily Treatments:** Patients treated as of 12/31/2014:

45 **Average Treatment Time (min):** (Ending patients) 215.0

**Total Unduplicated patients** 60 treated in calendar year:

13

5

18

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY			
New Patients:	16	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,040		
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	44%		
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	45%		
Post-Transplant Patien	1	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	50%		
Total:	17	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	50%		

Patients deceased: 9 Total: 15

#### Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		90.	0%	6.7%	3.3%	0.0%	0.0%	100.0%	0.0%
Patient			54	4	2	0	0	60	0
1/1/2014 <b>to</b>	12/1/2014	86.	6%	1.5%	11.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,570,45	4 \$2	27,356	\$216,486	\$0	\$0	\$1,814,296	\$0
Pat	tients by Ag	e and Sex			Patients by Race	<u> </u>	<u>Pat</u>	ients by Ethnicit	¥
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Asian Patients:		Hispanic Latino Patients:		1
<14 yrs	0	0	0	Nativ	Native American/ Indian:		Non-Hispanic Latino Patien		59
15-44 yr	1	0	1	Black	/ African American :	9	Unknown Ethnicity Patients		0

White: 65-74 yr 8 9 17 51 75 < yrs 14 10 24 Unknown: 0 **Total** 36 24 60 TOTAL: 60

Hawaiian /Pacific Islande

# Ownership, Management and General Information

Name:

Marion Dialysis

Address:

324 South 4th Street

City: County: Marion

HSA:

Williamson

5 14-2570 **Medicare ID:** 

**Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type:

For Profit Corporation

✓

Renal Life Link, Inc

**Property Owner:** Steven J. Zelman

Other Ownership:

**Medical Director Name:** 

Kevin Chen **Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	13	Full-Time Work Week:	0
Certified Stations by CMS:	13	Regsitered Nurse :	7
Peak Authorized Stations Operated:	13	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	23	12	23	12	0	23	12	
Number of Patients Treated	31	14	31	20	0	33	17	

#### **Facility Utilization Information**

**Facility Reported Patient Information** 

56

52

91

Patients treated as of 12/31/2014: (Ending patients)

Patients treated as of 1/1/2014:

**Total Unduplicated patients** 

treated in calendar year:

(Beginning patients)

#### **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 7.454

**Number of Missed Treatments: Average Daily Treatments:** 

Average Treatment Time (min):

210.0

1,067

ADDITIONS to the FACILITY

**New Patients:** 15 **Transient Patients:** 9 Patients Re-Started: 2 0 **Post-Transplant Patien** 26 Total:

LOSSES to the FACILITY Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: 19 Total: 30

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 12,168 Use Rate (Treatments/Treatment capacity): 61% **Use Rate (including Missed Treatments):** 70% Use Rate (Begining patients treated): 72% Use Rate (Year end Patients/Stations\*6): 67%

#### Patients and Net Revenue by Payor Source

0

1

9

1

0

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	68.9%	4.4%	11.1%	0.0%	15.6%	100.0%	1.1%
Patient	62	4	10	0	14	90	1
1/1/2014 <b>to</b> 12/31/2014	60.1%	5.6%	17.9%	1.0%	15.3%	100.0%	1.0%
Net Revenue	\$2,676,959	\$249,203	\$796,838	\$46,610	\$682,813	\$4,452,423	\$46,610
Patients by Age	and Say	Ĭ	Dationts by Dac		Pat	ionte by Ethnicit	v

Patients by Age and Sex		Patients by Race	Patients by Race		Patients by Ethnicity		
MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino	Patients:	1
0	0	0	Native American/ Indian:	0	Non-Hispanic L	atino Patien	90
7	2	9	Black/ African American :	7	Unknown Ethn	city Patients	0
11	15	26	Hawaiian /Pacific Islande	1	TOTAL:		91
24	6	30	White:	83			
15	11	26	Unknown:	0			
57	34	91	TOTAL:	91			
	MALE 0 7 11 24 15	MALE FEMALE 0 0 7 2 11 15 24 6 15 11	WALE         FEMALE         TOTAL           0         0         0           7         2         9           11         15         26           24         6         30           15         11         26	MALE         FEMALE         TOTAL         Asian Patients:           0         0         0         Native American/ Indian:           7         2         9         Black/ African American:           11         15         26         Hawaiian /Pacific Islande           24         6         30         White:           15         11         26         Unknown:	WALE         FEMALE         TOTAL         Asian Patients:         0           0         0         0         Native American/ Indian:         0           7         2         9         Black/ African American:         7           11         15         26         Hawaiian /Pacific Islande         1           24         6         30         White:         83           15         11         26         Unknown:         0	MALE         FEMALE         TOTAL         Asian Patients:         0         Hispanic Lating           0         0         0         Native American/Indian:         0         Non-Hispanic L           7         2         9         Black/ African American:         7         Unknown Ethnic           11         15         26         Hawaiian /Pacific Islande         1         TOTAL:           24         6         30         White:         83           15         11         26         Unknown:         0	MALE FEMALE TOTAL Asian Patients: 0 Hispanic Latino Patients: 0 Non-Hispanic Latino Patients: Non-Hispanic Latino Patients: 7 2 9 Black/ African American: 7 Unknown Ethnicity Patients TOTAL: 24 6 30 White: 83 15 11 26 Unknown: 0

# Ownership, Management and General Information

Name: Maryville Dialysis- Renal Treatment Ctrs

Address: 2130 Vadalabene Dr

City: Maryville
County: Madison
HSA: 11
Medicare ID: 14-2634

Legal Entity Operator:

.or. Iteliai

Renal Treatment Centers- Illinois, Inc

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation
Property Owner: Maryville Medical Park

Other Ownership:

Medical Director Name: Dr. Henry Purcell Provides Incenter Noctural Dialysis:

STATION	INFORM	ATION

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	15	16	15	0	16	15
Number of Patients Treated	32	27	34	28	0	35	27

#### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 64 In-Center Treatments in calendar year: 9,192 (Beginning patients) Number of Missed Treatments: 360 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

40.0

Total Unduplicated patients 95 treated in calendar year:

Total:

ADDITIONS to the FACILITY

#### LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LAG	<u> </u>	<u> </u>		OOE RATE TOT THE TAGIETT	
New Patients:	31	Recovered patients:	3	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	15	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	82%
Patients Re-Started:	1	Patients transferred out:	17	Use Rate (including Missed Treatments):	85%
Post-Transplant Patien	0	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	89%
Total:	47	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	82%
		Patients deceased:	13		

### Patients and Net Revenue by Payor Source

39

Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
74.7%	6.3%	17.9%	0.0%	1.1%	100.0%	0.0%
71	6	17	0	1	95	0
44.0%	0.5%	42.3%	0.4%	12.8%	100.0%	0.4%
\$1,372,600	\$14,340	\$1,319,163	\$13,865	\$399,243	\$3,119,211	\$13,865
	74.7% 71 44.0%	74.7% 6.3% 71 6 44.0% 0.5%	74.7%     6.3%     17.9%       71     6     17       44.0%     0.5%     42.3%	74.7%     6.3%     17.9%     0.0%       71     6     17     0       44.0%     0.5%     42.3%     0.4%	74.7%     6.3%     17.9%     0.0%     1.1%       71     6     17     0     1       44.0%     0.5%     42.3%     0.4%     12.8%	74.7%         6.3%         17.9%         0.0%         1.1%         100.0%           71         6         17         0         1         95           44.0%         0.5%         42.3%         0.4%         12.8%         100.0%

1101 110101140		Ψ1,072,000	, ψι	Ψ1,010,100	Ψ10,000	Ψ000,240	ψ3,113,211	ψ10,000
<u>Pat</u>	Patients by Age and Sex P		Patients by R	Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latin	o Patients:	3
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic	Latino Patien	91
15-44 yr	2	7	9	Black/ African American	: 14	Unknown Ethn	icity Patients	1
45-64 yr	25	11	36	Hawaiian /Pacific Islande	9 0	TOTAL:		95
65-74 yr	13	9	22	White:	80			
75 < yrs	12	16	28	Unknown :	1			
Total	52	43	95	TOTAL:	95			
						ļ		

# Ownership, Management and General Information

Mattoon Dialysis Name:

Address: 6051 Development Drive

Charleston City: Coles County: HSA: 14-2585 **Medicare ID:** 

**Legal Entity Operator:** 

Davita Renal Healthcare

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** J&P Associates

Other Ownership:

**Medical Director Name:** Dr Krall

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	5
Peak Authorized Stations Operated:	16	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	0	11	11	
Number of Patients Treated	26	24	29	25	0	26	29	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 7.479 52 (Beginning patients) **Number of Missed Treatments:** 551

**Average Daily Treatments:** Patients treated as of 12/31/2014: 52 (Ending patients) Average Treatment Time (min): 200.0

**Total Unduplicated patients** 55

treated in calendar year:

LOSSES to the FACILITY

ADDITIONS to the FACILITY **USE RATE for the FACILITY New Patients:** 42 Recovered patients: 6 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 22 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 50% Patients Re-Started: 3 Patients transferred out: 32 **Use Rate (including Missed Treatments):** 54% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 54% **Post-Transplant Patien** 1 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 54% Total: 67 Patients deceased: 8

> Total: 48

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	64.2%	11.3%	13.2%	0.0%	11.3%	100.0%	3.8%
Patient	34	6	7	0	6	53	2
1/1/2014 <b>to</b> 12/31/2014	57.6%	3.0%	33.0%	0.1%	6.3%	100.0%	0.1%
Net Revenue	\$1,533,434	\$79,452	\$878,912	\$2,950	\$169,127	\$2,663,874	\$2,950
Patients by Age and Sex			Patients by Rac	<u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	3
<14 yrs	1	0	1	Native American/ Indian:	0	Non-Hispanic Latino Patien	51
15-44 yr	5	4	9	Black/ African American :	0	Unknown Ethnicity Patients	1
45-64 yr	4	4	8	Hawaiian /Pacific Islande	0	TOTAL:	55
65-74 yr	9	10	19	White:	52		
75 < yrs	8	10	18	Unknown:	1		
Total	27	28	55	TOTAL:	55		

# Ownership, Management and General Information

Memorial Medical Center Name:

800 North Rutledge Street

Springfield City: Sangamon County:

HSA: 3

Address:

14-2315 **Medicare ID:** 

**Legal Entity Operator:** 

Memorial Medical Center

**Legal Entity Owner:** 

Ownership Type: Other Not for Profit Corp **Property Owner:** Memorial Medical Center

Other Ownership:

**Medical Director Name:** Lawrence J. Smith M.D.

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME I</b>	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	6	Full-Time Work Week:	36
Certified Stations by CMS:	6	Regsitered Nurse :	12
Peak Authorized Stations Operated:	4	Dialysis Technician :	0
Authorized Stations Setup and Staffed in Oct 1-7:	2	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	14	14	14	0	14	14	
Number of Patients Treated	1	1	1	1	0	1	1	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 430 4 (Beginning patients) **Number of Missed Treatments:** 0

**Average Daily Treatments:** Patients treated as of 12/31/2014: 3 (Ending patients) **Average Treatment Time (min):** 240.0

**Total Unduplicated patients** 12

Total:

treated in calendar year:

ADDITIONS to the FACILITY	LOSSES to the FACILITY	USE RATE for the FACILITY

New Patients:	11	Recovered patients:	0	Treatment Capacity/year (based on Stations):	5,616
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	8%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	8%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	11%
Total:	11	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	8%
		Patients deceased:	3		

#### Patients and Net Revenue by Payor Source

12

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	9.1%
Patient	11	0	0	0	0	11	1
10/1/2013 <b>to</b> 9/30/2014 <b>Net Revenue</b>	<i>96.7%</i> \$113,264	3.3% \$3,880	<i>0.0%</i> \$0	<i>0.0%</i> \$0	<i>0.0%</i> \$0	100.0% <b>\$117,144</b>	10.2% \$12,005

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	10
15-44 yr	0	0	0	Black/ African American :	2	Unknown Ethnicity Patients	2
45-64 yr	1	1	2	Hawaiian /Pacific Islande	0	TOTAL:	12
65-74 yr	3	3	6	White:	8		
75 < yrs	2	2	4	Unknown:	2		
Total	6	6	12	TOTAL:	12		

Part II Section B: Long Term Debt Total Memorial Medical Center long term debt in FY14 was \$162,090,181. This debt covered all aspects of Memorial's operations including the outpatient ESRD program. Section C: Net Revenue The reported net revenue relates to outpatient ESRD patients treated at Memorial Medical Center in FY14. The total net revenue is \$113,264

#### Ownership, Management and General Information

Name:

Metro East Dialysis

Address: City:

5105 West Main Street

County: HSA: 11

**Medicare ID:** 

Belleville St. Clair

14-2527

**Legal Entity Operator:** 

Renal Life Link, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** Areteaus Realty, LP

Other Ownership:

**Medical Director Name:** Dr. Rashid Dalal **Provides Incenter Noctural Dialysis:** ~

CTATION	INFORMATION	
SIAIRIN	INFURINALIUM	

Authorized Stations as of 12/31/2014:	36	Full-Time Work Week:	40
Certified Stations by CMS:	36	Regsitered Nurse :	9
Peak Authorized Stations Operated:	36	Dialysis Technician :	14
Authorized Stations Setup and Staffed in Oct 1-7:	36	Dietician :	2
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	5
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	20	10	20	10	4	20	10
Number of Patients Treated	63	65	65	50	16	68	66

#### **Facility Utilization Information**

**Facility Reported Patient Information** 

In-Center Treatments in calendar year:

Private Pav

**Facility Reported Treatment Information** 

(Beginning patients)

Patients treated as of 1/1/2014: 166

Medicare

25,126

**Number of Missed Treatments: Average Daily Treatments:** 

618

TOTAL Charity Care

Patients treated as of 12/31/2014:

(Ending patients)

178

Average Treatment Time (min): 180.0

Other Public

**Total Unduplicated patients** 268

treated in calendar year:

<b>ADDITIONS to the FAC</b>	ILITY
New Patients:	81
Transient Patients:	19
Patients Re-Started:	3
Post-Transplant Patien	1
Total:	104

LOSSES to the FACILITY Recovered patients: 8 **Transplant Recipients:** 5 Patients transferred out: 34 Patients voluntarily discontinued 1 Patients lost to follow up: 1 Patients deceased: 28 Total: 77

Medicaid

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 33,696 Use Rate (Treatments/Treatment capacity): 75% Use Rate (including Missed Treatments): 76% Use Rate (Begining patients treated): 77% Use Rate (Year end Patients/Stations\*6): 82%

#### Patients and Net Revenue by Payor Source

Private Insurance

		McGioai		Jaioaia	i iivate iiisaranee	i iivate i ay	Other I abile	IOIAL	Ondrity Gare
		83.5	%	6.7%	7.1%	0.0%	2.6%	100.0%	0.4%
Patient		22	23	18	19	0	7	267	1
1/1/2014 <b>to</b>	12/31/2014	51.4	%	1.5%	29.0%	0.4%	17.6%	100.0%	0.4%
Net Revenue	•	\$4,154,379	\$12	3,611	\$2,344,408	\$34,099	\$1,420,809	\$8,077,305	\$34,099
Patients by Age and Sex				Patients by Race		<u>Pat</u>	ients by Ethnicity	<u> </u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	2	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Native	e American/ Indian:	0	Non-Hispanic Latino Patien		265
15-44 yr	15	15	30	Black	/ African American :	189	Unknown Ethnicity Patients		0
45-64 yr	66	50	116	Hawa	iian /Pacific Islande	0	TOTAL:		268
65-74 yr	39	34	73	White	):	77			
75 < yrs	15	34	49	Unkn	own :	0			
Total	135	133	268	TOTA	L:	268			

# Ownership, Management and General Information

Name: Mt. Sinai Hospital Med Ctr Address: 1500 S. California Avenue

City: Chicago
County: Cook

**HSA:** 6 **Medicare ID:** 14-2302

**Legal Entity Operator:** 

Mt. Sinai Hospital and Medical Center

Legal Entity Owner:

Ownership Type: Other Not for Profit Corp

Property Owner: Mt. Sinai Hospital and Medical Center

Other Ownership:

Medical Director Name: Dr. Mohammad Ahmed Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME I	<u>EQUIVALENT</u>				
Authorized Stations as of 12/31/2014:	Authorized Stations as of 12/31/2014: 16		40			
Certified Stations by CMS:	16	Regsitered Nurse :	11			
Peak Authorized Stations Operated:	11	Dialysis Technician :	5			
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	1			
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1			
(subset of authorized stations)		LPN:	2			
Number of Shifts Operated per day		Other Health :	4			
		Other Non-Health:	0			
Dialysis Station Hailingtian for the Work of Oct 1 7						

#### <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	40	41	39	40	0	43	41

#### Facility Utilization Information

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 83 In-Center Treatments in calendar year: 12,217 (Beginning patients) Number of Missed Treatments: 825

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Treatment Time (min): 194.0

Total Unduplicated patients 88 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 23 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 0 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 82% Patients Re-Started: 0 Patients transferred out: 11 Use Rate (including Missed Treatments): 87% 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 86% **Post-Transplant Patien** Use Rate (Year end Patients/Stations\*6): 92% Total: 23 Patients lost to follow up: 1 Patients deceased: 6

Total: 18

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	63.1%	33.3%	2.4%	0.0%	1.2%	100.0%	4.8%
Patient	53	28	2	0	1	84	4
7/1/2013 <b>to</b> 6/30/2014	55.1%	29.8%	6.8%	1.1%	7.1%	100.0%	2.1%
Net Revenue	\$1,353,641	\$732,193	\$167,934	\$25,974	\$174,912	\$2,454,654	\$52,178
		i		İ			

Patients by Age and Sex			Patients by Race	Patients by Ethnicity			
MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino P	atients:	28
0	0	0	Native American/ Indian:	0	Non-Hispanic Lat	ino Patien	60
7	9	16	Black/ African American :	59	Unknown Ethnicit	ty Patients	0
20	22	42	Hawaiian /Pacific Islande	0	TOTAL:		88
9	6	15	White:	29			
7	8	15	Unknown:	0			
43	45	88	TOTAL:	88			
	MALE 0 7 20 9 7	MALE         FEMALE           0         0           7         9           20         22           9         6           7         8	MALE         FEMALE         TOTAL           0         0         0           7         9         16           20         22         42           9         6         15           7         8         15	MALE         FEMALE         TOTAL         Asian Patients:           0         0         0         Native American/ Indian:           7         9         16         Black/ African American:           20         22         42         Hawaiian /Pacific Islande           9         6         15         White:           7         8         15         Unknown:	MALE         FEMALE         TOTAL         Asian Patients:         0           0         0         0         Native American/Indian:         0           7         9         16         Black/ African American:         59           20         22         42         Hawaiian /Pacific Islande         0           9         6         15         White:         29           7         8         15         Unknown:         0	MALE         FEMALE         TOTAL         Asian Patients:         0         Hispanic Latino P           0         0         0         Native American/ Indian:         0         Non-Hispanic Latino P           7         9         16         Black/ African American:         59         Unknown Ethnicit           20         22         42         Hawaiian /Pacific Islande         0         TOTAL:           9         6         15         White:         29           7         8         15         Unknown:         0	MALEFEMALETOTALAsian Patients:0Hispanic Latino Patients:00Native American/ Indian:0Non-Hispanic Latino Patien7916Black/ African American:59Unknown Ethnicity Patients202242Hawaiian /Pacific Islande0TOTAL:9615White:297815Unknown:0

We are a hospital-based dialysis program. On page 12, question B, long-term debt, the long-term debt for the hospital was \$105,384,266. On page 3, question G, 4th shift, we do operate a 4th shift six days per week, Monday through Saturday.

CTATION INFORMATION

# Ownership, Management and General Information

Mt. Vernon Dialysis Name:

4102 North Water Tower Place Address:

Mount Vernon City: Jefferson County:

HSA: 5

14-2541 Medicare ID:

**Legal Entity Operator:** 

Renal Life Link, INC

THE TIME COLUMN THE

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: Steven Zelman

**Property Owner:** 

Other Ownership:

**Medical Director Name:** Steven Zelman MD **Provides Incenter Noctural Dialysis:** 

FACILITY STAFFING

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT	

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	12	12
Number of Patients Treated	29	28	31	29	0	31	27

#### **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 8,812 61 (Beginning patients) 860 **Number of Missed Treatments: Average Daily Treatments:** Patients treated as of 12/31/2014: 70

(Ending patients) **Average Treatment Time (min):** 210.0

**Total Unduplicated patients** 102 treated in calendar year:

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY				
New Patients:	25	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976			
Transient Patients:	15	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	59%			
Patients Re-Started:	5	Patients transferred out:	27	Use Rate (including Missed Treatments):	65%			
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	64%			
Total:	45	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	73%			

Patients deceased: 9 Total: 40

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	75.5%	2.9%	13.7%	1.0%	6.9%	100.0%	0.0%
Patient	77	3	14	1	7	102	0
1/1/2014 <b>to</b> 12/31/2014	66.6%	1.2%	16.3%	0.0%	15.9%	100.0%	0.0%
Net Revenue	\$1,554,230	\$27,338	\$379,968	\$0	\$370,763	\$2,332,299	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	ν
AGE GROUPS MALE	FEMALE TOTA	AL Asian	Patients:	0	Hispanic Latino	Patients:	1

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	101
15-44 yr	7	2	9	Black/ African American :	18	Unknown Ethnicity Patients	0
45-64 yr	24	7	31	Hawaiian /Pacific Islande	0	TOTAL:	102
65-74 yr	17	12	29	White:	84		
75 < yrs	18	15	33	Unknown:	0		
Total	66	36	102	TOTAL:	102		

CTATION INFORMATION

# Ownership, Management and General Information

Name: Nephron Dialysis Center, Ltd.
Address: 5140 N. California Ave., Suite 510

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2600

Legal Entity Operator:

Nephron Dialysis Center, Ltd.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Swedish Covenant Hospital

FACILITY STAFFING

Other Ownership:

Medical Director Name: Dr. Hamid Humayun Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT			
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40	
Certified Stations by CMS:	14	Regsitered Nurse :	3	
Peak Authorized Stations Operated:	14	Dialysis Technician :	8	
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0	
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0	
(subset of authorized stations)		LPN:	0	

Other Health :
Other Non-Health:

THE TIME COLUMN AL CALL

0 4

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	13	13	13	0	13	13	
Number of Patients Treated	40	35	41	36	0	39	35	

#### **Facility Utilization Information**

Number of Shifts Operated per day

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 70 In-Center Treatments in calendar year: 10,768 (Beginning patients) Number of Missed Treatments: 136
Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

210.0

Total Unduplicated patients 89 treated in calendar year:

Medicare

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Medicaid

**New Patients:** 31 Recovered patients: 0 Treatment Capacity/year (based on Stations): 13,104 **Transient Patients:** 2 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 82% Patients Re-Started: 0 Patients transferred out: 6 Use Rate (including Missed Treatments): 83% 0 Patients voluntarily discontinued 83% **Post-Transplant Patien** 1 Use Rate (Begining patients treated): 0 Use Rate (Year end Patients/Stations\*6): Total: 33 Patients lost to follow up: 96% Patients deceased: 9 Total: 18

# Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

						-			•
		83.1	%	10.1%	6.7%	0.0%	0.0%	100.0%	0.0%
Patient		-	74	9	6	0	0	89	0
1/1/2014 <b>to</b> 1	2/31/2014	61.3	1%	8.2%	30.6%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,771,579	\$23	6,178	\$883,649	\$0	\$0	\$2,891,406	\$0
Pat	ients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	ntients:	35	Hispanic Latino	Patients:	18
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	71
15-44 yr	3	3	6	Black/ A	frican American :	16	Unknown Ethnic	city Patients	0
45-64 yr	14	8	22	Hawaiiar	n /Pacific Islande	0	TOTAL:		89
65-74 yr	22	14	36	White:		38			
75 < yrs	10	15	25	Unknow	n :	0			
Total	49	40	89	TOTAL:		89			

# Ownership, Management and General Information

Oak Park Kidney Centers, LLC Name: 610 South Maple Avenue Address:

Oak Park City: Cook County:

HSA: 14-2644 **Medicare ID:** 

**Legal Entity Operator:** 

Oak Park Kidney Center, LLC

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** RUSH UNIVERSITY MEDICAL CENTER

Other Ownership:

**Medical Director Name:** Dr. Hamid Humayun **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT							
Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	40					
Certified Stations by CMS:	18	Regsitered Nurse :	3					
Peak Authorized Stations Operated:	16	Dialysis Technician :	6					
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0					
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0					
(subset of authorized stations)		LPN:	0					
Number of Shifts Operated per day		Other Health :	0					
		Other Non-Health:	1					
Dialysis Station Utilization for the Week of Oct 1 - 7								

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13.5	13.5	13.5	13.5	0	13.5	13.5	
Number of Patients Treated	29	32	28	32	0	29	30	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 9,495 69 (Beginning patients) 1,011 **Number of Missed Treatments: Average Daily Treatments:** Patients treated as of 12/31/2014:

68 **Average Treatment Time (min):** (Ending patients) 225.0

**Total Unduplicated patients** 108

Medicare

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

ADDITIONS to the FAC	ILITY	<b>LOSSES to the FACILITY</b>		<b>USE RATE for the FACILITY</b>	
New Patients:	40	Recovered patients:	1	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	1	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	2	Patients transferred out:	33	Use Rate (including Missed Treatments):	62%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	64%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	63%
		Patients deceased:	12		

47 Total:

Medicaid

### Patients and Net Revenue by Payor Source

**Private Insurance** 

		75.0	%	18.5%	6.5%	0.0%	0.0%	100.0%	0.0%
Patient		8	31	20	7	0	0	108	0
1/1/2014 <b>to</b>	12/31/2014	80.4	%	7.3%	12.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$1,771,586	\$16	1,243	\$271,536	\$0	\$0	\$2,204,365	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	ntients:	2	Hispanic Latino	Patients:	7
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	atino Patien	101
15-44 yr	10	7	17	Black/ A	frican American :	86	Unknown Ethnic	city Patients	0
45-64 yr	28	12	40	Hawaiiar	n /Pacific Islande	0	TOTAL:	•	108
65-74 yr	15	15	30	White:		20			
75 < yrs	11	10	21	Unknow	n:	0			
Total	64	44	108	TOTAL:		108			

# Ownership, Management and General Information

Name: Olney Dialysis Unit Olney

14-2674

Address: 117 North Boone

City: Olney
County: Richland
HSA: 5

Medicare ID:

Legal Entity Operator:

Renal Life Link, Inc

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Andy Shuetz

Other Ownership:

Medical Director Name: Dr Rafael Lao
Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014:	7	Full-Time Work Week:	40
Certified Stations by CMS:	7	Regsitered Nurse :	2
Peak Authorized Stations Operated:	7	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	7	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
• • •		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	23	0	23	0	0	24	0

#### **Facility Utilization Information**

Facility Reported Patient Information

**Facility Reported Treatment Information** 

Other Public

Patients treated as of 1/1/2014: 20 In-Center Treatments in calendar year: 3,308 (Beginning patients) Number of Missed Treatments: 0
Patients treated as of 12/31/2014: Average Daily Treatments:

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 212.0

Total Unduplicated patients 33

Total:

Medicare

Medicaid

treated in calendar year:

1105 DATE ( .1. 54011 IT)

**TOTAL** Charity Care

ADDITIONS to the FAC	<u>ILITY</u>	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	9	Recovered patients:	2	Treatment Capacity/year (based on Stations):	6,552
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	50%
Patients Re-Started:	1	Patients transferred out:	5	Use Rate (including Missed Treatments):	50%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	48%
Total:	13	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	57%
		Patients deceased:	2		

#### Patients and Net Revenue by Payor Source

**Private Pav** 

**Private Insurance** 

9

		81	.8%	6.1%	9.1%	0.0%	3.0%	100.0%	0.0%
Patient			27	2	3	0	1	33	0
1/1/2014 <b>to</b> 1	12/31/2014	67	.5%	0.5%	26.4%	0.0%	5.7%	100.0%	0.0%
Net Revenue		\$697,13	31	\$5,592	\$272,347	\$0	\$58,470	\$1,033,540	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	33
15-44 yr	3	3	6	Black/ Af	frican American :	1	Unknown Ethni	city Patients	0
45-64 yr	6	5	11	Hawaiian	/Pacific Islande	0	TOTAL:	•	33
65-74 yr	5	4	9	White:		32			
75 < yrs	4	3	7	Unknow	n :	0			
Total	18	15	33	TOTAL:		33			

# Ownership, Management and General Information

Name:

Palos Park Dialysis

13155 South LaGrange Road Address: Orland Park City:

Cook County: HSA: Medicare ID: 14-2732 **Legal Entity Operator:** 

Total Renal Care, Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: For Profit Corporation **Property Owner:** GX Orland Park 2, LLC

Other Ownership:

**Medical Director Name:** Dr. Sonja Marcic **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION
---------------------

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	10	12	10	0	12	10
Number of Patients Treated	23	11	26	11	0	24	11

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 27 4,921 (Beginning patients) **Number of Missed Treatments:** 119

**Average Daily Treatments:** Patients treated as of 12/31/2014: 35

(Ending patients) **Average Treatment Time (min):** 195.0

**Total Unduplicated patients** 80 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY

ADDITIONS to the FAC	ILITY	<b>LOSSES to the FACILITY</b>		<b>USE RATE for the FACILITY</b>	
New Patients:	53	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	12	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	44%
Patients Re-Started:	3	Patients transferred out:	21	Use Rate (including Missed Treatments):	45%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	38%
Total:	68	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	49%
		Patients deceased:	10		
		Total:	32		

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	74.7%	2.5%	10.1%	0.0%	12.7%	100.0%	1.3%
Patient	59	2	8	0	10	79	1
1/1/2014 to 12/31/2014 Net Revenue	<i>5</i> 3. <i>9%</i> \$781,553	<i>1.5%</i> \$21,645	29.5% \$426,891	<i>0.3%</i> \$3,835	<i>14.8%</i> \$215,186	100.0% <b>\$1,449,111</b>	<i>0.3%</i> \$3,835
				1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	6
<14 yrs	0	0	0	Native American/ Indian:	6	Non-Hispanic Latino Patien	69
15-44 yr	6	0	6	Black/ African American :	14	Unknown Ethnicity Patients	5
45-64 yr	13	6	19	Hawaiian /Pacific Islande	1	TOTAL:	80
65-74 yr	8	19	27	White:	52		
75 < yrs	14	14	28	Unknown:	5		
Total	41	39	80	TOTAL:	80		

#### Ownership, Management and General Information

Pittsfield Dialysis Name:

Address: 640 West Washington Street

Pittsfield City: Pike County: HSA: 3 14-2708 **Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Blessing Hospital

Other Ownership:

Hrishikesh P. Ghanekar **Medical Director Name:** 

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014: 5 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 5 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 5 Dialysis Technician: 2 5 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: Λ

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	11	11	11	0	11	11
Number of Patients Treated	10	9	10	9	0	10	8

#### **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 18 2,573 (Beginning patients) **Number of Missed Treatments:** 241 **Average Daily Treatments:** Patients treated as of 12/31/2014: 15 (Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 30

Total:

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 17 Recovered patients: 0 Treatment Capacity/year (based on Stations): 4,680 **Transient Patients:** 6 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 55% Patients Re-Started: 0 Patients transferred out: 6 Use Rate (including Missed Treatments): 60% 0 Patients voluntarily discontinued 10 Use Rate (Begining patients treated): 60% **Post-Transplant Patien** Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 23 0 50% Patients deceased: 2

#### Patients and Net Revenue by Payor Source

18

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	83.3%	0.0%	10.0%	0.0%	6.7%	100.0%	0.0%
Patient	25	0	3	0	2	30	0
1/1/2014 <b>to</b> 12/31/2014	49.0%	0.0%	45.2%	0.0%	5.8%	100.0%	0.0%
Net Revenue	\$484,513	\$0	\$446,481	\$0	\$57,139	\$988,133	\$0
Patients by Age	and Sov		Patients by Race	<b>a</b>	Pati	ents by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients: 0		Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	30
15-44 yr	0	0	0	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	6	3	9	Hawaiian /Pacific Islande	0	TOTAL:	30
65-74 yr	5	4	9	White:	30		
75 < yrs	6	6	12	Unknown :	0		
Total	17	13	30	TOTAL:	30		

#### Ownership, Management and General Information

Name: Provena St. Mary's Hospital Address: 455 West Court Street

Address: 455 West Co City: Kankakee County: Kankakee

County: Kankake HSA: 9 Medicare ID: 14-2318 Legal Entity Operator:

Presence Health St. Mary's Hospital

Legal Entity Owner:

Ownership Type: Church-Related

Property Owner: Presence Health Hospital

Other Ownership:

Medical Director Name: Dr. N. Thakker
Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014: 24 **Full-Time Work Week: Certified Stations by CMS:** 24 Regsitered Nurse: 11 **Peak Authorized Stations Operated:** 24 Dialysis Technician: 14 24 2 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 2 Social Worker: 2 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	13.5	17.5	13.5	0	17.5	13.5
Number of Patients Treated	43	42	46	38	0	47	40

#### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 102 In-Center Treatments in calendar year: 13,582 (Beginning patients) Number of Missed Treatments: 380

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 240.0

Total Unduplicated patients 151 treated in calendar year:

ADDITIONS ( ) FACULTY LOSSES (- the FACU

# ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** Recovered patients: 2 Treatment Capacity/year (based on Stations): 22,464 **Transient Patients:** 16 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 60% Patients Re-Started: 2 Patients transferred out: 42 **Use Rate (including Missed Treatments):** 62% 2 Patients voluntarily discontinued Use Rate (Begining patients treated): 71% **Post-Transplant Patien** 1 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 71 1 65% Patients deceased: 33

Total: 80

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	94.7%	2.6%	2.6%	0.0%	0.0%	100.0%	0.0%
Patient	143	4	4	0	0	151	0
1/1/2014 <b>to</b> 12/31/2014	90.2%	5.7%	4.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$3,616,340	\$226,870	\$164,014	\$0	\$0	\$4,007,224	\$0
Patients by Age	and Sex	1	Patients by Race		Pat	ients by Ethnicit	v

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients: 1		Hispanic Latino Patients:	7
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	144
15-44 yr	7	8	15	Black/ African American :	73	Unknown Ethnicity Patients	0
45-64 yr	38	28	66	Hawaiian /Pacific Islande	0	TOTAL:	151
65-74 yr	25	16	41	White:	77		
75 < yrs	14	15	29	Unknown:	0		
Total	84	67	151	TOTAL:	151		

#### Ownership, Management and General Information

Quad Cities Kidney Center, Ltd. Name:

400 John Deere Road Address:

Moline City: Rock Island County:

HSA: 10 14-2526 **Medicare ID:** 

**Legal Entity Operator:** 

Quad Cities Kidney Center, Ltd.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** RRS Investments, LP

Other Ownership:

**Medical Director Name:** Rajesh Alla, M.D. **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014: 36 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 36 Regsitered Nurse: 10 **Peak Authorized Stations Operated:** 36 Dialysis Technician: 21 36 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 1 Number of Shifts Operated per day Other Health: 0 Other Non-Health: Λ

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	8	15	8	0	15	8
Number of Patients Treated	60	39	65	30	0	65	33

#### Facility Utilization Information

65-74 yr

75 < yrs

**Total** 

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 14.546 83 (Beginning patients) **Number of Missed Treatments:** 742 **Average Daily Treatments:** Patients treated as of 12/31/2014: 96

(Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 259 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY

23

35

126

50

69

259

White:

TOTAL:

Unknown:

27

34

133

**USE RATE for the FACILITY New Patients:** 47 Recovered patients: 1 Treatment Capacity/year (based on Stations): 33,696 **Transient Patients:** 128 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 43% Patients Re-Started: 3 Patients transferred out: 151 Use Rate (including Missed Treatments): 45% 0 Patients voluntarily discontinued 38% **Post-Transplant Patien** 1 Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations\*6): Total: 178 Patients lost to follow up: 0 44%

Patients deceased: 11 Total: 165

#### Patients and Net Revenue by Payor Source

		Medic	are M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		69	.9%	8.5%	17.8%	0.0%	3.9%	100.0%	0.0%
Patient			181	22	46	0	10	259	0
1/1/2014 <b>to</b> 1	12/31/2014	51	.5%	1.4%	47.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$2,183,50	)1 \$(	61,033	\$1,992,532	\$0	\$0	\$4,237,066	\$0
Pat	ients by Ag	e and Sex			Patients by Race	2	<u>Pat</u>	ients by Ethnicit	У
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	3	Hispanic Latino	Patients:	18
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	241
15-44 yr	14	19	33	Black	/ African American :	72	Unknown Ethnic	city Patients	0
45-64 yr	58	49	107	Hawa	iian /Pacific Islande	0	TOTAL:		259

184

259

0

#### Ownership, Management and General Information

Quad Cities Kidney Center Rock Island, LLC Name:

2623 17th Street Address: Rock Island

City: Rock Island County:

HSA: 10 14-2703 **Medicare ID:** 

**Legal Entity Operator:** 

Quad Cities Kidney Center Rock Island, LLC

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** RRS Investments, LP

Other Ownership:

Rajesh Alla, M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014: 19 **Full-Time Work Week: Certified Stations by CMS:** 19 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 18 Dialysis Technician: 6 18 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: Λ

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	0	10	0	0	10	0
Number of Patients Treated	32	0	33	0	0	33	0

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 36 5,060 (Beginning patients) **Number of Missed Treatments:** 193

**Average Daily Treatments:** Patients treated as of 12/31/2014: 34

(Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 49 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 12 Recovered patients: 0 Treatment Capacity/year (based on Stations): 17,784 **Transient Patients:** 0 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 28% Patients Re-Started: 0 Patients transferred out: 7 **Use Rate (including Missed Treatments):** 30% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 32% **Post-Transplant Patien** 1 Use Rate (Year end Patients/Stations\*6): Total: 12 Patients lost to follow up: 0 30%

> Patients deceased: 6 Total: 14

### Patients and Net Revenue by Payor Source

		Medic	are	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		67	.3%	12.2%	16.3%	0.0%	4.1%	100.0%	0.0%
Patient			33	6	8	0	2	49	0
1/1/2014 <b>to</b> 12/3	1/2014	54	.1%	1.1%	44.8%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$732,51	19	\$15,126	\$606,851	\$0	\$0	\$1,354,496	\$0
<u>Patient</u>	ts by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Par</u>	tients by Ethnicit	У
AGE GROUPS N	<b>IALE</b>	<b>FEMALE</b>	TOTAL	Asiar	Patients:	0	Hispanic Latino	Patients:	1
-14 vrs	Ω	0	(	Nativ	e American/ Indian:	0	Non-Hispanic I	atino Pation	48

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	1
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	48
15-44 yr	3	2	5	Black/ African American :	30	Unknown Ethnicity Patients	0
45-64 yr	12	7	19	Hawaiian /Pacific Islande	0	TOTAL:	49
65-74 yr	4	8	12	White:	19		
75 < yrs	3	10	13	Unknown:	0		
Total	22	27	49	TOTAL:	49		

# Ownership, Management and General Information

Name: Quad Cities Kidney Center Silvis, LLC

Address: 880 Crosstown Avenue

City: Silvis
County: Rock Island

**HSA:** 10 **Medicare ID:** 14-2675

Legal Entity Operator:

Quad Cities Kidney Center Silvis, LLC

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: RRS Investments, LP

Other Ownership:

Medical Director Name: Rajesh Alla, M.D.

Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014:	18	Full-Time Work Week:	40
Certified Stations by CMS:	18	Regsitered Nurse :	3
Peak Authorized Stations Operated:	18	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	18	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	11	11	11	11	0	11	11	
Number of Patients Treated	34	32	33	30	0	34	31	

#### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 70 In-Center Treatments in calendar year: 9,808 (Beginning patients) Number of Missed Treatments: 168

Patients treated as of 12/31/2014:

Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 210.0

Total Unduplicated patients 92 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONO TO THE LAC	<u>/  L                                    </u>	LOCOLO LO LIIC I AGILITI		OOE RATE TOT THE TAGIETT	
New Patients:	20	Recovered patients:	2	Treatment Capacity/year (based on Stations):	16,848
Transient Patients:	3	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	0	Patients transferred out:	13	Use Rate (including Missed Treatments):	59%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	65%
Total:	23	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	60%
		Patients deceased:	9		
		Total:	28		

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	69.6%	6.5%	20.7%	0.0%	3.3%	100.0%	0.0%
Patient	64	6	19	0	3	92	0
1/1/2014 <b>to</b> 12/31/2014	56.2%	0.8%	43.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	t Revenue \$1,547,577		\$1,185,224	\$0	\$0	\$2,756,107	\$0
Patients by Age	and Sex		Patients by Race	1	<u>Pat</u>	ients by Ethnicity	!
GE GPOLIDS MALE	FEMALE TOT	۸۱ ۸cian	Patients:	0	Hispanic Latino	Dationts:	10

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	10	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	82	
15-44 yr	5	7	12	Black/ African American :	8	Unknown Ethnicity Patients	0	
45-64 yr	16	9	25	Hawaiian /Pacific Islande	0	TOTAL:	92	
65-74 yr	9	11	20	White:	84			
75 < yrs	14	21	35	Unknown:	0			
Total	44	48	92	TOTAL:	92			

# Ownership, Management and General Information

Quad Cities Kidney Center, Ltd. Name: 600 North College Avenue Address:

Geneseo City: Henry County: HSA: 10 14-2592 **Medicare ID:** 

**Legal Entity Operator:** 

Quad Cities Kidney Center, Ltd.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** Hammond Henry Hospital

Other Ownership:

**Medical Director Name:** Rajesh Alla, M.D. **Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	7	Full-Time Work Week:	40
Certified Stations by CMS:	7	Regsitered Nurse :	1
Peak Authorized Stations Operated:	7	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	7	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	13	0	0	13	0
Number of Patients Treated	19	0	19	0	0	19	0

#### **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** 

Other Public

Patients treated as of 1/1/2014: 20 In-Center Treatments in calendar year: 2,965 (Beginning patients) **Number of Missed Treatments:** 11 **Average Daily Treatments:** Patients treated as of 12/31/2014:

19 **Average Treatment Time (min):** (Ending patients)

Medicaid

**Total Unduplicated patients** 30 treated in calendar year:

Medicare

USE RATE for the FACILITY

210.0

TOTAL

**Charity Care** 

ADDITIONS to the FAC	ILITY	LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>	
New Patients:	8	Recovered patients:	0	Treatment Capacity/year (based on Stations):	6,552
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	45%
Patients Re-Started:	0	Patients transferred out:	7	Use Rate (including Missed Treatments):	45%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	48%
Total:	10	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	45%
		Patients deceased:	3		
		Total:	11		

### Patients and Net Revenue by Payor Source

**Private Pav** 

**Private Insurance** 

		70	0.0%	3.3%	26.7%	0.0%	0.0%	100.0%	0.0%	
Patient			21	1	8	0	0	30	0	
1/1/2014 <b>to</b>	1/1/2014 <b>to</b> 12/31/2014 68.7%		0.0%	31.3%	0.0%	0.0%	100.0%	0.0%		
Net Revenue	<b>Net Revenue</b> \$622,659		\$0	\$283,213	\$0	\$0	\$905,872	\$0		
Patients by Age and Sex				Ì	Patients by Race		Patients by Ethnicity			
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0	
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Latino Patien		30	
15-44 yr	0	2	2	Black	/ African American :	0	Unknown Ethnicity Patients		0	
45-64 yr	5	5	10	Hawa	iian /Pacific Islande	0	TOTAL:		30	
65-74 yr	3	3	6	White	):	30				
75 < yrs	6	6	12	Unkn	own:	0				
Total	14	16	30	TOTA	L:	30				

# Ownership, Management and General Information

**Quality Renal Care** Name:

Address: 910 Greenlee Street, Suite B

Marengo City: McHenry County:

HSA: 8 14-2643 **Medicare ID:** 

**Legal Entity Operator:** 

Total Renal Care Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Luciano Zecchin

Other Ownership:

**Medical Director Name:** Aamir Memon **Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	10	Full-Time Work Week:	32
Certified Stations by CMS:	10	Regsitered Nurse :	1
Peak Authorized Stations Operated:	10	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0
Isolation Stations Set up in Oct 1-7:	10	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	0	16	0	0	16	0
Number of Patients Treated	24	0	23	0	0	23	0

#### **Facility Utilization Information**

**Facility Reported Patient Information** 

30

**Facility Reported Treatment Information** In-Center Treatments in calendar year:

3,643

Patients treated as of 1/1/2014: (Beginning patients)

Patients treated as of 12/31/2014: 23 **Average Daily Treatments:** 

**Number of Missed Treatments:** 

Average Treatment Time (min):

210.0

26

(Ending patients)

**Total Unduplicated patients** 42 treated in calendar year:

#### ADDITIONS to the FACILITY

**New Patients:** 8 **Transient Patients:** 4 Patients Re-Started: 0 0 **Post-Transplant Patien** Total: 12

#### LOSSES to the FACILITY

Recovered patients: **Transplant Recipients:** Patients transferred out: 18 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total: 23

# **USE RATE for the FACILITY**

Treatment Capacity/year (based on Stations): 9,360 Use Rate (Treatments/Treatment capacity): 39% **Use Rate (including Missed Treatments):** 39% Use Rate (Begining patients treated): 50% Use Rate (Year end Patients/Stations\*6): 38%

#### Patients and Net Revenue by Payor Source

0

1

3

0

1

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	88.1%	0.0%	7.1%	0.0%	4.8%	100.0%	0.0%
Patient	37	0	3	0	2	42	0
1/1/2014 <b>to</b> 12/31/2014	46.5%	0.0%	51.5%	0.0%	2.0%	100.0%	0.0%
Net Revenue	\$696,900	\$0	\$771,868	\$0	\$30,698	\$1,499,466	\$0
Patients by Age and Sex			Patients by Rac	: <u>e</u>	<u>Pa</u>	tients by Ethnicit	У

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	6	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	36	
15-44 yr	0	1	1	Black/ African American :	1	Unknown Ethnicity Patients	0	
45-64 yr	8	4	12	Hawaiian /Pacific Islande	0	TOTAL:	42	
65-74 yr	5	6	11	White:	41			
75 < yrs	12	6	18	Unknown:	0			
Total	25	17	42	TOTAL:	42			

# Ownership, Management and General Information

Quality Renal Care-Dundee Name:

2203 Randall Road Address:

Dundee City: Kane County: HSA: 8 14-2598 **Medicare ID:** 

**Legal Entity Operator:** 

**Legal Entity Owner:** 

TOTAL RENAL CARE

Ownership Type: For Profit Corporation **Property Owner:** 

DR. NASIR J. AHMAD

Other Ownership:

DR. NASIR J. AHMAD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALEN				
40/04/0044-	10	Full Time Week Week	40			

Authorized Stations as of 12/31/2014: 40 13 **Full-Time Work Week: Certified Stations by CMS:** 13 Regsitered Nurse: 5 **Peak Authorized Stations Operated:** 13 Dialysis Technician: 3 13 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 1 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	15	15	15	15	0	15	15	
Number of Patients Treated	32	31	35	31	0	33	31	

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 59 9,574 (Beginning patients) **Number of Missed Treatments:** 196 **Average Daily Treatments:** Patients treated as of 12/31/2014:

69 (Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 114 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY** 

**New Patients:** 45 Recovered patients: 2 Treatment Capacity/year (based on Stations): 12,168 **Transient Patients:** 7 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 79% Patients Re-Started: 0 Patients transferred out: 24 **Use Rate (including Missed Treatments):** 80% Patients voluntarily discontinued Use Rate (Begining patients treated): 76% **Post-Transplant Patien** 1 53 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 88% Patients deceased: 10

Total: 39

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.7%	7.2%	17.1%	0.0%	0.0%	100.0%	2.7%
Patient	84	8	19	0	0	111	3
1/1/2014 to 12/31/2014 Net Revenue	<i>7.4%</i> \$1,732,239	<i>0.3%</i> \$72,910	<i>91.1%</i> \$21,413,311	0.2% \$45,725	1.0% \$229,615	100.0% <b>\$23,493,800</b>	0.2% \$45,725

nts by Ag	e and Sex		Patients by Race Patients by Ethnicit					
MALE	FEMALE	TOTAL	Asian Patients:	3	Hispanic Latin	o Patients:	30	
0	0	0	Native American/ Indian:	0	Non-Hispanic	Latino Patien	84	
3	6	9	Black/ African American :	5	Unknown Ethn	icity Patients	0	
30	13	43	Hawaiian /Pacific Islande	0	TOTAL:		114	
24	15	39	White:	76				
12	11	23	Unknown:	30				
69	45	114	TOTAL:	114				
	MALE 0 3 30 24 12	0 0 3 6 30 13 24 15 12 11	MALE         FEMALE         TOTAL           0         0         0           3         6         9           30         13         43           24         15         39           12         11         23	MALE         FEMALE         TOTAL         Asian Patients:           0         0         0         Native American/ Indian:           3         6         9         Black/ African American:           30         13         43         Hawaiian /Pacific Islande           24         15         39         White:           12         11         23         Unknown:	MALE         FEMALE         TOTAL         Asian Patients:         3           0         0         0         Native American/ Indian:         0           3         6         9         Black/ African American:         5           30         13         43         Hawaiian /Pacific Islande         0           24         15         39         White:         76           12         11         23         Unknown:         30	MALE         FEMALE         TOTAL         Asian Patients:         3         Hispanic Latin           0         0         0         Native American/ Indian:         0         Non-Hispanic Indian:         0         Non-Hispanic Indian:         0         Unknown Ethn         0         TOTAL:         0         0         TOTAL:         0	MALEFEMALETOTALAsian Patients:3Hispanic Latino Patients:000Native American/ Indian:0Non-Hispanic Latino Patien369Black/ African American:5Unknown Ethnicity Patients301343Hawaiian /Pacific Islande0TOTAL:241539White:76121123Unknown:30	

# Ownership, Management and General Information

RCG-South Holland Name:

16136 South Park Avenue Address:

South Holland City:

Cook County: HSA: 7 14-2544 Medicare ID:

**Legal Entity Operator:** 

ISD RENAL, INC FKA DSI RENAL, INC

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Cornelius Nymeyer

Other Ownership:

**Medical Director Name:** Dr.Michael Peck **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION FACILITY	STAFFING - FULL TIME EQUIVALENT
------------------------------	---------------------------------

Authorized Stations as of 12/31/2014:	20	Full-Time Work Week:	40
Certified Stations by CMS:	20	Regsitered Nurse :	5
Peak Authorized Stations Operated:	20	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	53	50	54	50	0	55	54	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 16,484 115 (Beginning patients) **Number of Missed Treatments:** 766

**Average Daily Treatments:** Patients treated as of 12/31/2014: 116

(Ending patients) **Average Treatment Time (min):** 270.0

**Total Unduplicated patients** 163 treated in calendar year:

**ADDITIONS to the FACILITY** 

#### **LOSSES to the FACILITY USE RATE for the FACILITY**

New Patients:	73	Recovered patients:	3	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	13	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	88%
Patients Re-Started:	1	Patients transferred out:	38	Use Rate (including Missed Treatments):	92%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	96%
Total:	88	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	97%
		Patients deceased:	10		

Total: 56

#### Patients and Net Revenue by Payor Source

Patient         75.5%         11.7%         9.8%         0.0%         3.1%         100.0%         0.0%           Patient         123         19         16         0         5         163         0           1/1/2014 to 12/31/2014         51.1%         1.5%         29.6%         0.1%         17.8%         100.0%         0.1%           Net Revenue         \$2,454,050         \$70,007         \$1,421,998         \$3,245         \$854,532         \$4,803,832         \$3,245		Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
1/1/2014 <b>to</b> 12/31/2014 51.1% 1.5% 29.6% 0.1% 17.8% 100.0% 0.1%		75.5%	11.7%	9.8%	0.0%	3.1%	100.0%	0.0%
	Patient	123	19	16	0	5	163	0
							100.0% <b>\$4,803,832</b>	<i>0.1%</i> \$3,245

		Ψ=, .σ .,σσ.	Ψ.	φ.,	Ψο,= .σ	\$55.,55 <u>=</u>	ψ.,σσσ,σσ <u>=</u>	ψο,= .σ
Patients by Age and Sex			Patients by Rac	<u>e</u>	Patients by Ethnicity			
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latin	o Patients:	6
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic	Latino Patien	157
15-44 yr	13	12	25	Black/ African American :	139	Unknown Ethn	icity Patients	0
45-64 yr	33	26	59	Hawaiian /Pacific Islande	0	TOTAL:		163
65-74 yr	18	22	40	White:	23			
75 < yrs	18	21	39	Unknown:	0			
Total	82	81	163	TOTAL:	163			

# Ownership, Management and General Information

Resurrection Medical Center Outpatient Dialysis Ce Name:

7435 West Talcott Address:

Chicago City: Cook County: HSA: 6 14-2335 **Medicare ID:** 

**Legal Entity Operator:** Presence Health Care

**Legal Entity Owner:** 

Ownership Type: Other Not for Profit Corp

**Property Owner:** Presence Resurrection Medical Center

Other Ownership:

**Medical Director Name:** Dr. Valaitis

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	0	12	12
Number of Patients Treated	24	23	25	21	0	24	22

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 7,310 47 (Beginning patients) **Number of Missed Treatments:** 18

**Average Daily Treatments:** Patients treated as of 12/31/2014:

49 (Ending patients) **Average Treatment Time (min):** 179.0

**Total Unduplicated patients** 75 treated in calendar year:

Total:

ADDITIONS to the FAC	CILITY	LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	29	Recovered patients:	1	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	2	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	2	Patients transferred out:	17	Use Rate (including Missed Treatments):	56%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	56%
Total:	33	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	58%
		Patients deceased:	8		

### Patients and Net Revenue by Payor Source

30

		Medic	care	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		81	.3%	2.7%	16.0%	0.0%	0.0%	100.0%	0.0%
Patient			61	2	12	0	0	75	0
1/1/2014 <b>to</b> 1	12/31/2014	#N	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		(	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pat	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicit	L
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	5	Hispanic Latino Pa	atients:	4
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic Latin	no Patien	71
15-44 yr	1	0	1	Black	/ African American :	0	Unknown Ethnicity	/ Patients	0
45-64 yr	12	5	17	Hawa	iian /Pacific Islande	0	TOTAL:		75
65-74 yr	12	13	25	White	):	70			
75 < yrs	15	17	32	Unkn	own :	0			
Total	40	35	75	TOTA	L:	75			

Net Revenue will be included in overall hospital revenues.

### Ownership, Management and General Information

Robinson Dialysis Name: 1121 North Allen Street Address:

Robinson City: Crawford County: HSA: 5 14-2714 Medicare ID:

**Legal Entity Operator:** 

Robinson Dialysis, LLC

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Crawford Hospital District

Other Ownership:

**Medical Director Name:** Dr. Rafael Lao **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	<b>FACILITY STAFFING - FULL TIME EQUIVALENT</b>
---------------------	---

Authorized Stations as of 12/31/2014: 8 **Full-Time Work Week: Certified Stations by CMS:** 8 Regsitered Nurse: 2 **Peak Authorized Stations Operated:** 8 Dialysis Technician: 3 8 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	11	14	11	0	14	11
Number of Patients Treated	23	14	22	16	0	21	14

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 35 5,261 (Beginning patients) **Number of Missed Treatments:** 79

**Average Daily Treatments:** Patients treated as of 12/31/2014: 39

(Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 47 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 15 Recovered patients: 0 Treatment Capacity/year (based on Stations): 7,488 **Transient Patients:** 9 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 70% Patients Re-Started: 0 Patients transferred out: 10 **Use Rate (including Missed Treatments):** 71% 0 Patients voluntarily discontinued 2 Use Rate (Begining patients treated): 73% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 24 81% 4

Patients deceased: Total: 17

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	83.0%	0.0%	10.6%	0.0%	6.4%	100.0%	0.0%
Patient	39	0	5	0	3	47	0
1/1/2014 <b>to</b> 12/31/2014	54.1%	0.0%	36.4%	0.0%	9.6%	100.0%	0.0%
Net Revenue	\$858,884	\$0	\$577,257	\$0	\$151,664	\$1,587,805	\$0
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS MALE	FEMALE TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0

<u>Pat</u>	ients by Ag	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	47
15-44 yr	0	1	1	Black/ African American :	1	Unknown Ethnicity Patients	0
45-64 yr	7	7	14	Hawaiian /Pacific Islande	0	TOTAL:	47
65-74 yr	4	7	11	White:	45		
75 < yrs	10	11	21	Unknown:	1		
Total	21	26	47	TOTAL:	47		

# Ownership, Management and General Information

Rockford Dialysis Name:

3339 North Rockton Avenue Address:

Rockford City:

County:

HSA:

**Medicare ID:** 

Winnebago

14-2647

**Legal Entity Owner:** Ownership Type: For Profit Corporation

**Property Owner:** Stenstrom Real Estate Development Group

Renal Treatment Centers- Illinois, Inc.

Other Ownership:

**Legal Entity Operator:** 

Dr. Krishna Sankaran **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	22	Full-Time Work Week:	40
Certified Stations by CMS:	22	Regsitered Nurse :	5
Peak Authorized Stations Operated:	22	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	22	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	15	16	14.5	0	16	15
Number of Patients Treated	54	51	54	47	0	54	53

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 115 16,579 (Beginning patients) **Number of Missed Treatments:** 1,064

**Average Daily Treatments:** Patients treated as of 12/31/2014: 119 (Ending patients) Average Treatment Time (min): 214.0

**Total Unduplicated patients** 179 treated in calendar year:

Total:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY** 

**New Patients:** 76 Recovered patients: 4 Treatment Capacity/year (based on Stations): 20,592 **Transient Patients:** 11 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 81% Patients Re-Started: 6 Patients transferred out: 38 **Use Rate (including Missed Treatments):** 86% 2 Patients voluntarily discontinued 5 Use Rate (Begining patients treated): 87% **Post-Transplant Patien** 95 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 90% Total: Patients deceased: 13

#### Patients and Net Revenue by Payor Source

61

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	76.5%	14.0%	7.3%	1.7%	0.6%	100.0%	0.0%
Patient	137	25	13	3	1	179	0
1/1/2014 <b>to</b> 12/31/2014	47.9%	3.8%	32.7%	0.2%	15.3%	100.0%	0.2%
Net Revenue	\$2,372,815	\$187,353	\$1,618,630	\$11,800	\$758,818	\$4,949,416	\$11,800
Patients by Age	and Say	Ĭ	Dationts by Dac		Pat	ionte by Ethnicit	v

<u>Pat</u>	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	12
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	167
15-44 yr	47	33	80	Black/ African American :	88	Unknown Ethnicity Patients	0
45-64 yr	30	28	58	Hawaiian /Pacific Islande	1	TOTAL:	179
65-74 yr	9	10	19	White:	88		
75 < yrs	12	10	22	Unknown:	0		
Total	98	81	179	TOTAL:	179		

# Ownership, Management and General Information

Roxbury Dialysis Name:

622 Roxbury Road Address: Rockford

City: Winnebago County:

HSA:

14-2665 **Medicare ID:** 

**Legal Entity Operator:** 

Dialysis of Northern Illinois, LLC

**✓** 

Legal Entity Owner:

Limited Liability Company Ownership Type:

**Property Owner:** Stenstrom Real Estate Development Group

Other Ownership:

**Medical Director Name:** James Stim

**Provides Incenter Noctural Dialysis:** 

TAGILITI OTALITIKO - I OLL TIML EQUIVALLIT	STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
--	---------------------	--

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Regsitered Nurse :	9
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	23	16	23	16	0	23	16
Number of Patients Treated	55	50	55	50	0	55	50

#### **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: 107 In-Center Treatments in calendar year: 11,191 (Beginning patients) **Number of Missed Treatments:** 731

**Average Daily Treatments:** Patients treated as of 12/31/2014: 103

(Ending patients) **Average Treatment Time (min):** 180.0

**Total Unduplicated patients** 134

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONO TO THE LAC	<u>/ILIII</u>	LOGOLO LO LIIC I ACILITI		OOL WATE TOT THE TAGILITY	
New Patients:	36	Recovered patients:	4	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	21	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	75%
Patients Re-Started:	3	Patients transferred out:	39	Use Rate (including Missed Treatments):	80%
Post-Transplant Patien	1	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	111%
Total:	61	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	107%
		Patients deceased:	15		
		Total:	63		

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	77.4%	3.0%	16.5%	0.8%	2.3%	100.0%	0.8%
Patient	103	4	22	1	3	133	1
1/1/2014 <b>to</b> 12/31/2014	50.7%	0.8%	36.6%	0.1%	11.8%	100.0%	0.1%
Net Revenue	\$2,283,959	\$37,533	\$1,650,723	\$4,425	\$529,687	\$4,506,327	\$4,425
Patients by Age	and Sex		Patients by Race	e	Pat	ients by Ethnicit	v

Pat	tients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	10	Hispanic Latino Patients:	24	
<14 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patien	108	
15-44 yr	3	4	7	Black/ African American :	45	Unknown Ethnicity Patients	2	
45-64 yr	14	5	19	Hawaiian /Pacific Islande	0	TOTAL:	134	
65-74 yr	11	15	26	White:	76			
75 < yrs	30	52	82	Unknown:	2			
Total	58	76	134	TOTAL:	134			

#### Ownership, Management and General Information

Rush University Pediatric Dialysis Name: Address: 1653 West Congress Parkway

Chicago City: Cook County: HSA: 6 14-2312 **Medicare ID:** 

**Legal Entity Operator:** 

Rush University Medical Center

**Legal Entity Owner:** 

Ownership Type: Other Not for Profit Corp **Property Owner:** Rush University Medical Center

Other Ownership:

**Medical Director Name:** Sara Jandeska, MD **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<u>FACILITY STAFFING - FULL TIME EQ</u>	UIVALENT
o oo of 12/21/2014:	5	Full Time Work Week	10

Authorized Stations as of 12/31/2014: 40 Full-Time Work Week: **Certified Stations by CMS:** 5 Regsitered Nurse: 3 5 Dialysis Technician: 0 **Peak Authorized Stations Operated:** 5 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 1 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health : 0 Other Non-Health: Λ

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	0	0	10	0
Number of Patients Treated	7	0	7	0	0	7	0

#### Facility Utilization Information

#### **Facility Reported Patient Information Facility Reported Treatment Information**

1,486 Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 12 (Beginning patients) **Number of Missed Treatments:** 5

**Average Daily Treatments:** Patients treated as of 12/31/2014: 10

(Ending patients) Average Treatment Time (min): 180.0

**Total Unduplicated patients** 15 treated in calendar year:

Madiaara

#### ADDITIONS to the FACILITY **LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** Recovered patients: 0 Treatment Capacity/year (based on Stations): 4,680 **Transient Patients:** 1 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 32% Patients Re-Started: 0 Patients transferred out: 3 Use Rate (including Missed Treatments): 32% 40% **Post-Transplant Patien** 0 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 0 33% Patients deceased: 0

Total:

Madiaaid

### Patients and Net Revenue by Payor Source

Drivete Day

Other Bublic

TOTAL

Charity Care

Brivata Incurance

4

		weard	care i	neaicaia	Private insurance	Private Pay	Other Public	IOTAL	Charity Care
		26	6.7%	60.0%	6.7%	6.7%	0.0%	100.0%	0.0%
Patient			4	9	1	1	0	15	0
7/1/2013 <b>to</b>	6/30/2014	#∧	lum!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue		(	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Patier</u>	nts by Ethnicit	ν
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino Pa	atients:	1
<14 yrs	4	0	4	Nativ	e American/ Indian:	0	Non-Hispanic Lati	no Patien	13
15-44 yr	8	3	11	Black	/ African American :	12	Unknown Ethnicity	/ Patients	1
45-64 yr	0	0	0	Hawa	iian /Pacific Islande	0	TOTAL:		15
65-74 yr	0	0	0	White	<b>)</b> :	0			
75 < yrs	0	0	0	Unkn	own:	3			
Total	12	3	15	TOTA	L:	15			

Part 2 Financial and Capital expenditures data is not entered here because this is not a freestanding dialysis center. It is part of the pediatrics program of Rush University Medical Center. Comprehensive Rush University Medical Center financial and capital expenditures information will be provided by March 31 in the Annual Hospital Questionnaire.

# Ownership, Management and General Information

Name: Rushville Dialysis
Address: 112 Sullivan Drive

City: Rushville County: Schuyler

**HSA:** 3 **Medicare ID:** 14-2620

**Legal Entity Operator:** 

DVA Renal Healthcare, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Stan Silverio

Property Owner:
Other Ownership:

Medical Director Name: Dr Allan Krall
Provides Incenter Noctural Dialysis:

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	12	8	12	0	12	12
Number of Patients Treated	12	6	12	5	0	12	8

#### **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 19 In-Center Treatments in calendar year: 2,900 (Beginning patients) Number of Missed Treatments: 83

Patients treated as of 12/31/2014: 20 Average Daily Treatments:

(Ending patients) Average Treatment Time (min): 240.0

Total Unduplicated patients 31 treated in calendar year:

Medicare

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

New Patients:	8	Recovered patients:	1	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	39%
Patients Re-Started:	1	Patients transferred out:	2	Use Rate (including Missed Treatments):	40%
Post-Transplant Patien	1	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	40%
Total:	11	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	42%
		Patients deceased:	6		

Total: 10

Medicaid

# Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		87.1	1%	3.2%	9.7%	0.0%	0.0%	100.0%	0.0%
Patient			27	1	3	0	0	31	0
1/1/2014 <b>to</b> 1	12/31/2014	47.8	3%	4.6%	47.6%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$442,580	\$4	2,813	\$440,898	\$0	\$0	\$926,291	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Patie</u>	ents by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	ntients:	0	Hispanic Latino I	Patients:	3
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	tino Patien	28
15-44 yr	3	0	3	Black/ At	frican American :	0	Unknown Ethnic	ty Patients	0
45-64 yr	8	1	9	Hawaiiar	n /Pacific Islande	0	TOTAL:		31
65-74 yr	5	4	9	White:		31			
75 < yrs	4	6	10	Unknow	n :	0			
Total	20	11	31	TOTAL:		31			

# Ownership, Management and General Information

SAH Dialysis Center @ 26th Street Name:

3059 W. 26th Street Address:

Chicago City: Cook County: HSA: 6 14-2758

**Medicare ID:** 

**Legal Entity Operator:** Saint Anthony Hospital

**Legal Entity Owner:** 

Church-Related Ownership Type:

**Property Owner:** Chicago Title Land Trust # 22630

Other Ownership:

**Medical Director Name:** Dr. Izabella Gurau **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	15	Full-Time Work Week:	40
Certified Stations by CMS:	15	Regsitered Nurse :	1
Peak Authorized Stations Operated:	14	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	14	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
•		Other Non-Health:	0

# Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	9	0	9	0	0	9	0	
Number of Patients Treated	11	0	11	0	0	12	0	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 1,759 9 (Beginning patients) **Number of Missed Treatments:** 113

**Average Daily Treatments:** Patients treated as of 12/31/2014: 17

**Average Treatment Time (min):** (Ending patients) 270.0

**Total Unduplicated patients** 21 treated in calendar year:

Total:

**LOSSES to the FACILITY USE RATE for the FACILITY ADDITIONS to the FACILITY** 

New Patients:	12	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,040
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	13%
Patients Re-Started:	0	Patients transferred out:	3	Use Rate (including Missed Treatments):	13%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	10%
Total:	12	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	19%
		Patients deceased:	1		

#### Patients and Net Revenue by Payor Source

		Medica	ire M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		33.3	3%	47.6%	14.3%	4.8%	0.0%	100.0%	0.0%
Patient			7	10	3	1	0	21	0
8/7/2013 <b>to</b>	6/20/2014	19.9	9%	34.8%	45.3%	0.0%	0.0%	100.0%	0.0%
Net Revenue	•	\$80,307	7 \$14	0,709	\$183,144	\$0	\$0	\$404,160	\$0
Pa	tients by Ag	e and Sex		Patients by Race Patients by Ethnicity			ν		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino I	Patients:	16
<14 yrs	0	0	0	Native	e American/ Indian:	0	Non-Hispanic La	tino Patien	5
15-44 yr	2	5	7	Black	/ African American :	4	Unknown Ethnic	ty Patients	0
45-64 yr	4	4	8	Hawa	iian /Pacific Islande	0	TOTAL:		21
65-74 yr	3	1	4	White	<b>)</b> :	17			
75 < yrs	1	1	2	Unkn	own:	0			
Total	10	11	21	TOTA	L:	21			

# Ownership, Management and General Information

Satellite Dialysis of Glenview Name:

Address: 2601 Compass Road

Glenview City: Cook County: HSA: 14-2746 **Medicare ID:** 

Satellite Healthcare **Legal Entity Operator:** 

**Legal Entity Owner:** 

Other Not for Profit Corp White Oak Glenview LP

**Property Owner:** Other Ownership:

Ownership Type:

Stuart Sprague, DO **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014:	16	Full-Time Work Week:	36
Certified Stations by CMS:	16	Regsitered Nurse :	2
Peak Authorized Stations Operated:	16	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	8	14	0	0	14	8
Number of Patients Treated	26	0	30	0	0	29	0

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 26 4,257 (Beginning patients) **Number of Missed Treatments:** 30

**Average Daily Treatments:** Patients treated as of 12/31/2014: 38

(Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 60 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY New Patients:** 63 Recovered patients: 3 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 2 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 28% Patients Re-Started: 0 Patients transferred out: 6 **Use Rate (including Missed Treatments):** 29% 2 Patients voluntarily discontinued 4 Use Rate (Begining patients treated): 27% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 40% Total: 67

Patients deceased: 5 Total: 20

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	90.0%	5.0%	5.0%	0.0%	0.0%	100.0%	0.0%
Patient	54	3	3	0	0	60	0
1/1/2014 <b>to</b> 12/31/2014	95.7%	2.5%	1.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$952,345	\$24,419	\$18,684	\$0	\$0	\$995,448	\$0
		1					

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	7	Hispanic Latino Patients:	4
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	56
15-44 yr	0	2	2	Black/ African American :	5	Unknown Ethnicity Patients	0
45-64 yr	10	6	16	Hawaiian /Pacific Islande	0	TOTAL:	60
65-74 yr	3	5	8	White:	48		
75 < yrs	24	10	34	Unknown:	0		
Total	37	23	60	TOTAL:	60		

#### Ownership, Management and General Information

Sauget Dialysis Name:

Address: 2061 Goose Lake Road

East St Louis City: St. Clair County: HSA: 11 14-2561 **Medicare ID:** 

Renal Treatment Center - Illinois Inc. **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Union Planter Trust No. 03-90-1090-0

Other Ownership:

Rashid A Dalal, MD **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014: 16 **Full-Time Work Week:** 32 **Certified Stations by CMS:** 16 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 16 Dialysis Technician: 8 16 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 1 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	35	37	38	34	0	39	35

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 11.782 93 (Beginning patients) **Number of Missed Treatments:** 1,502

**Average Daily Treatments:** Patients treated as of 12/31/2014: 87

(Ending patients) Average Treatment Time (min): 240.0

**Total Unduplicated patients** 119

Total:

treated in calendar year:

#### ADDITIONS to the FACILITY **LOSSES to the FACILITY USE RATE for the FACILITY**

**New Patients:** 62 Recovered patients: 0 Treatment Capacity/year (based on Stations): 14,976 **Transient Patients:** 13 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 79% Patients Re-Started: 23 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 89% Patients voluntarily discontinued 3 Use Rate (Begining patients treated): 97% **Post-Transplant Patien** 0 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 98 4 91% Patients deceased: 13

### Patients and Net Revenue by Payor Source

33

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	71.4%	9.2%	16.0%	0.8%	2.5%	100.0%	0.0%
Patient	85	11	19	1	3	119	0
1/1/2014 <b>to</b> 12/31/2014	64.3%	0.7%	14.3%	0.8%	20.0%	100.0%	0.0%
Net Revenue	\$1,860,754	\$20,388	\$413,096	\$22,125	\$578,628	\$2,894,991	\$0
Patients by Age	e and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	ients by Ethnicit	<u> </u>
AGE GROUPS MALE	FEMALE TO	ΓAL Asian	Patients:	0	Hispanic Latino	Patients:	0

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	118
15-44 yr	10	7	17	Black/ African American :	99	Unknown Ethnicity Patients	1
45-64 yr	41	21	62	Hawaiian /Pacific Islande	0	TOTAL:	119
65-74 yr	16	8	24	White:	19		
75 < yrs	8	8	16	Unknown:	1		
Total	75	44	119	TOTAL ·	119		

#### Ownership, Management and General Information

Shelbyville Community Dialysis Name:

Address: 450 Heinlein Drive

Shelbyville City: Shelby County: HSA:

14-2624 **Medicare ID:** 

**Legal Entity Operator:** 

Renal Therapies LLC

**Legal Entity Owner:** 

Ownership Type:

For Profit Corporation

**Property Owner:** Other Ownership:

Dr. M. Qureshi **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
CITTION IN CITIES	TARGETT CTATE TO CE TIME EQUITABLE

Authorized Stations as of 12/31/2014: 9 **Full-Time Work Week: Certified Stations by CMS:** 9 Regsitered Nurse: 3 **Peak Authorized Stations Operated:** 9 Dialysis Technician: 2 0 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10.5	8	10.5	8	10.5	8	0
Number of Patients Treated	11	0	12	0	0	12	0

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 14 1,578 (Beginning patients) **Number of Missed Treatments:** 74 **Average Daily Treatments:** Patients treated as of 12/31/2014:

10 (Ending patients) Average Treatment Time (min): 3.0

**Total Unduplicated patients** 22 treated in calendar year:

Total:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 5 Recovered patients: 0 Treatment Capacity/year (based on Stations): 8,424 **Transient Patients:** 0 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 19% Patients Re-Started: 0 Patients transferred out: 1 **Use Rate (including Missed Treatments):** 20% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 26% **Post-Transplant Patien** 0 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 19% Patients deceased: 7

# Patients and Net Revenue by Payor Source

9

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	90.9%	0.0%	9.1%	0.0%	0.0%	100.0%	0.0%
Patient	20	0	2	0	0	22	0
1/1/2014 <b>to</b> 12/31/2014	67.9%	0.7%	31.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,016,942	\$10,177	\$469,708	\$0	\$0	\$1,496,827	\$0
Patients by Age	and Sex		Patients by Rac	<u>e</u>	<u>Pat</u>	tients by Ethnicity	<u> </u>
AGE GROUPS MALE	FEMALE TOT	AL Asian	Patients:	0	Hispanic Latino	Patients:	0

Pat	ients by Ag	ge and Sex		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	22
15-44 yr	0	1	1	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	1	2	3	Hawaiian /Pacific Islande	0	TOTAL:	22
65-74 yr	4	7	11	White:	22		
75 < yrs	3	4	7	Unknown:	0		
Total	8	14	22	TOTAL:	22		

### Ownership, Management and General Information

Name:

Shiloh Dialysis

Address:

City: County: HSA:

**Medicare ID:** 

St. Clair 11

1095 NORTH GREEN MOUNT RD SHILOH

14-2753

**Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** Threkeld Family INV LLC

Total Renal Care Inc.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Other Ownership:

Dr. Rashid Dalal **Medical Director Name: Provides Incenter Noctural Dialysis:** 

	STAT	TION	INFO	RMAT	ΓΙΟΝ
--	------	------	------	------	------

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	29	0	32	0	0	30	0

#### **Facility Utilization Information**

**Facility Reported Patient Information** 

**Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: 14 (Beginning patients)

In-Center Treatments in calendar year: 3,984 **Number of Missed Treatments:** 260 **Average Daily Treatments:** 

Patients treated as of 12/31/2014: 38 (Ending patients)

Average Treatment Time (min):

**Total Unduplicated patients** 

treated in calendar year:

203.0

ADDITIONS to the FAC	ILITY
New Patients:	74
Transient Patients:	46
Patients Re-Started:	1
Post-Transplant Patien	0
Total:	121

LOSSES to the FACILITY Recovered patients: 0 **Transplant Recipients:** 0 Patients transferred out: 47 Patients voluntarily discontinued 0 Patients lost to follow up: 0 Patients deceased: 3 Total: 50

88

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 11,232 Use Rate (Treatments/Treatment capacity): 35% Use Rate (including Missed Treatments): 38% Use Rate (Begining patients treated): 19% Use Rate (Year end Patients/Stations\*6): 53%

#### Patients and Net Revenue by Payor Source

		Medic	care I	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		80	.5%	1.1%	11.5%	0.0%	6.9%	100.0%	1.1%
Patient			70	1	10	0	6	87	1
1/1/2014 <b>to</b> 1	12/31/2014	50	.0%	0.0%	42.0%	0.0%	8.0%	100.0%	0.0%
Net Revenue		\$698,40	03	\$213	\$586,792	\$295	\$112,189	\$1,397,892	\$295
Pat	tients by Ag	e and Sex		ĺ	Patients by Race	2	<u>Pat</u>	ients by Ethnicity	L
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	2
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	84
15-44 yr	3	3	6	Black	Black/ African American :		Unknown Ethnicity Patients		2
45-64 yr	21	17	38	Hawa	iian /Pacific Islande	0	TOTAL:		88
65-74 yr	13	12	25	White	<b>)</b> :	33			
75 < yrs	6	13	19	Unkn	own:	5			
Total	43	45	88	TOTA	L:	88			

# Ownership, Management and General Information

Silver Cross Renal Center Name: 1860 Silver Cross Boulevard Address:

New Lenox City: Will County: HSA: 9 14-2741 Medicare ID:

**Legal Entity Operator:** 

Total Renal Care, Inc.

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation **Property Owner:** NexCore Properties, LLC

Other Ownership:

Dr. Nalia Ahmed **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<u>FACILITY STAFFING - FULL TIME EC</u>	<u>QUIVALENT</u>
a ac of 12/21/2014.	10	Full Time Work Weeks	40

Authorized Stations as of 12/31/2014: 40 Full-Time Work Week: **Certified Stations by CMS:** 19 Regsitered Nurse: 5 **Peak Authorized Stations Operated:** 19 Dialysis Technician: 8 19 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: 1 Isolation Stations Set up in Oct 1-7: 1 Social Worker: 1 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 2 0 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	16	16	16	16	0	16	16	
Number of Patients Treated	45	32	42	32	0	43	34	

#### **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 88 12.033 (Beginning patients) **Number of Missed Treatments:** 393 **Average Daily Treatments:** Patients treated as of 12/31/2014:

91 (Ending patients) Average Treatment Time (min): 210.0

**Total Unduplicated patients** 148

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 40 Recovered patients: 5 Treatment Capacity/year (based on Stations): 17,784 **Transient Patients:** 4 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 68% Patients Re-Started: 0 Patients transferred out: 45 **Use Rate (including Missed Treatments):** 70% 0 Patients voluntarily discontinued 7 Use Rate (Begining patients treated): 77% **Post-Transplant Patien** Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): Total: 80% Patients deceased: 16

> Total: 76

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	80.4%	2.8%	14.7%	0.0%	2.1%	100.0%	3.5%
Patient	115	4	21	0	3	143	5
1/1/2014 to 12/31/2014 Net Revenue	<i>58.1%</i> \$2,016,494	<i>0.9%</i> \$30.585	<i>38.5%</i> \$1.334.581	<i>2.5%</i> \$88,205	<i>0.0%</i> \$0	100.0% <b>\$3,469,865</b>	2.5% \$88,205

Net iveveline		\$2,010,494		ου,υου φ	1,334,301	φ00,200	φυ	<b>\$3,469,665</b>	φου,200
Patients by Age and Sex				Patients by Race			Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients	s:	0	Hispanic Latin	o Patients:	16
<14 yrs	0	0	0	Native Americ	an/ Indian:	0	Non-Hispanic I	Latino Patien	132
15-44 yr	4	7	11	Black/ African	American :	33	Unknown Ethn	icity Patients	0
45-64 yr	28	23	51	Hawaiian /Pag	ific Islande	1	TOTAL:		148
65-74 yr	22	19	41	White:		114			
75 < yrs	29	16	45	Unknown:		0			
Total	83	65	148	TOTAL:		148			
				1		· ·			

# Ownership, Management and General Information

Name: Silver Cross Renal Center West

Address: 1051 Essington Road

 City:
 Joliet

 County:
 Will

 HSA:
 9

 Medicare ID:
 14-2742

**Legal Entity Operator:** 

r: Total Renal Care Inc

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

Property Owner: Midwest Community Real Estate Corp

Other Ownership:

Medical Director Name: Dr. Nagarkatte
Provides Incenter Noctural Dialysis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME E	QUIVALENT
40/04/0044-	20	Full Times Monte Monte	40

Authorized Stations as of 12/31/2014:	29	Full-Time Work Week:	40
Certified Stations by CMS:	29	Regsitered Nurse :	9
Peak Authorized Stations Operated:	29	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	29	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	2
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	17	17	17	17	0	17	17	
Number of Patients Treated	49	40	50	40	0	54	43	

## **Facility Utilization Information**

# Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 133 In-Center Treatments in calendar year: 19,475 (Beginning patients) Number of Missed Treatments: 682
Patients treated as of 12/31/2014: 424 Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

210.0

Total Unduplicated patients 217

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u> </u>	LOSSES to the LACIEITI		USE RATE TOT THE PACIENT	
New Patients:	41	Recovered patients:	8	Treatment Capacity/year (based on Stations):	27,144
Transient Patients:	27	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	72%
Patients Re-Started:	8	Patients transferred out:	48	Use Rate (including Missed Treatments):	74%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	76%
Total:	77	Patients lost to follow up:	3	Use Rate (Year end Patients/Stations*6):	71%
		Patients deceased:	16		
		Total:	84		

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	87.7%	4.7%	5.7%	0.0%	1.9%	100.0%	2.8%
Patient	185	10	12	0	4	211	6
1/1/2014 <b>to</b> 12/31/2014	52.6%	2.2%	33.5%	1.2%	10.6%	100.0%	1.2%
Net Revenue	\$3,228,848	\$136,824	\$2,055,268	\$70,659	\$650,808	\$6,142,407	\$70,659

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	43	Hispanic Latino Patients:	27
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	190
15-44 yr	17	9	26	Black/ African American :	50	Unknown Ethnicity Patients	0
45-64 yr	39	19	58	Hawaiian /Pacific Islande	0	TOTAL:	217
65-74 yr	40	21	61	White:	109		
75 < yrs	49	23	72	Unknown:	15		
Total	145	72	217	TOTAL:	217		

## Ownership, Management and General Information

Name: Springfield South Address: 2930 South 6th Street

City: Springfield County: Sangamon

**HSA:** 3 **Medicare ID:** 14-2733

**Legal Entity Operator:** 

Springfield South Dialysis

Legal Entity Owner:

Ownership Type: Limited Liability Partner Property Owner: William Furling

Other Ownership:

Medical Director Name: Dr. Lawrence Smith Provides Incenter Noctural Dialvsis:

STATION INFORMATION		FACILITY STAFFING - FULL TIME	<u>EQUIVALENT</u>
Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0

Isolation Stations Set up in Oct 1-7:1Social Worker:0(subset of authorized stations)LPN:0Number of Shifts Operated per dayOther Health:0Other Non-Health:0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12	0	12	0	0	12	0	
Number of Patients Treated	23	0	23	0	0	23	0	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 14 In-Center Treatments in calendar year: 2,929 (Beginning patients) Number of Missed Treatments: 194

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 31 treated in calendar year:

Medicare

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

**New Patients:** 10 Recovered patients: 0 Treatment Capacity/year (based on Stations): 11,232 **Transient Patients:** 3 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 26% Patients Re-Started: 0 Patients transferred out: 9 Use Rate (including Missed Treatments): 28% Patients voluntarily discontinued Use Rate (Begining patients treated): 19% **Post-Transplant Patien** 1 1 14 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 33%

Patients deceased: 3
Total: 15

Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		96.	8%	0.0%	3.2%	0.0%	0.0%	100.0%	0.0%
Patient			30	0	1	0	0	31	0
1/1/2013 <b>to</b>	12/31/2014	43.	6%	0.1%	39.2%	0.0%	17.1%	100.0%	0.0%
Net Revenue	!	\$979,20	0 9	\$3,356	\$880,278	\$0	\$384,440	\$2,247,275	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	atients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	31
15-44 yr	3	0	3	Black/ A	frican American :	12	Unknown Ethni	city Patients	0
45-64 yr	4	8	12	Hawaiia	n /Pacific Islande	0	TOTAL:		31
65-74 yr	8	1	9	White:		19			
75 < yrs	4	3	7	Unknow	n:	0			
Total	19	12	31	TOTAL:		31			

## Ownership, Management and General Information

Stonecrest Dialysis Name:

1302 East State Street Address: Rockford City:

Winnebago County:

HSA:

**Medicare ID:** 14-2615 **Legal Entity Operator:** 

Total Renal Care, Inc

**Legal Entity Owner:** 

For Profit Corporation Ownership Type: **Property Owner:** Winget, Russ

Other Ownership:

**Medical Director Name:** Joanna Niemiec **Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	11	Full-Time Work Week:	40
Certified Stations by CMS:	11	Regsitered Nurse :	2
Peak Authorized Stations Operated:	11	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	31	31	31	29	0	30	30

## **Facility Utilization Information**

75 < yrs

**Total** 

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 64 9,153 (Beginning patients) **Number of Missed Treatments:** 720 **Average Daily Treatments:** Patients treated as of 12/31/2014: 63 225.0

(Ending patients) Average Treatment Time (min):

**Total Unduplicated patients** 101 treated in calendar year:

11

52

ADDITIONS to the FACILITY LOSSES to the FACILITY

Medicare

10

49

21

101

**USE RATE for the FACILITY New Patients:** 29 Recovered patients: 3 Treatment Capacity/year (based on Stations): 10,296 **Transient Patients:** 6 **Transplant Recipients:** 2 Use Rate (Treatments/Treatment capacity): 89% Patients Re-Started: 0 Patients transferred out: 18 Use Rate (including Missed Treatments): 96% 0 Patients voluntarily discontinued 7 97% **Post-Transplant Patien** Use Rate (Begining patients treated): 35 0 Use Rate (Year end Patients/Stations\*6): Total: Patients lost to follow up: 95%

Patients deceased: 4 Total: 34

Medicaid

# Patients and Net Revenue by Payor Source Private Insurance

Private Pav

13

101

Other Public

TOTAL Charity Care

		mound	Ju. 0	moundard	i iii ata iii aa aa aa aa	a.o . ay	Cuioi i abiic	.0.712	Criainty Care
		78	3.0%	15.0%	6.0%	0.0%	1.0%	100.0%	1.0%
Patient			78	15	6	0	1	100	1
1/1/2014 <b>to</b>	12/31/2014	52	.2%	3.6%	23.4%	0.1%	20.7%	100.0%	0.1%
Net Revenue		\$1,232,44	43	\$83,882	\$552,699	\$1,770	\$489,697	\$2,360,491	\$1,770
<u>Pat</u>	tients by Ag	e and Sex			Patients by Rac	<u>:e</u>	<u>Pa</u>	tients by Ethnicity	<u>Y</u>
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asiar	Patients:	5	Hispanic Latino	Patients:	13
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	88
15-44 yr	5	5	10	Black	/ African American :	50	Unknown Ethni	city Patients	0
45-64 yr	25	16	41	Hawa	iian /Pacific Islande	0	TOTAL:		101
65-74 yr	11	18	29	White	<b>e</b> :	33			

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

# Ownership, Management and General Information

Sun Health Name:

2121 Oneida Street Suite 104 Address:

.loliet City: Will County: HSA:

10 14-2553 **Medicare ID:** 

**Legal Entity Operator:** 

Sun Health Inc./Bhuvan Chawla M.D.

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: For Profit Corporation

**Property Owner:** Triumph Real Estate Partnership

Other Ownership:

Bhuvan Chawla M.D. **Medical Director Name: Provides Incenter Noctural Dialysis:** 

<u>STATION</u>	<u>INFORMATION</u>	
----------------	--------------------	--

Authorized Stations as of 12/31/2014:	17	Full-Time Work Week:	30
Certified Stations by CMS:	17	Regsitered Nurse :	5
Peak Authorized Stations Operated:	17	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	15	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	4

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15.5	11	15.5	11	0	15.5	11
Number of Patients Treated	32	22	33	24	0	33	22

## **Facility Utilization Information**

(Beginning patients)

**Facility Reported Patient Information** 

54

53

74

Patients treated as of 12/31/2014: (Ending patients)

Patients treated as of 1/1/2014:

**Total Unduplicated patients** treated in calendar year:

## **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 8,251 **Number of Missed Treatments:** 37

**Average Daily Treatments:** 

Average Treatment Time (min):

ADDITIONS to the FACILITY

**New Patients:** 20 **Transient Patients:** 3 Patients Re-Started: 0 0 **Post-Transplant Patien** Total: 23

LOSSES to the FACILITY Recovered patients: **Transplant Recipients:** Patients transferred out: 12 Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total: 23

**USE RATE for the FACILITY** 

260.0

Treatment Capacity/year (based on Stations): 15,912 Use Rate (Treatments/Treatment capacity): 52% **Use Rate (including Missed Treatments):** 52% Use Rate (Begining patients treated): 53% Use Rate (Year end Patients/Stations\*6): 52%

#### Patients and Net Revenue by Payor Source

1

1

0

0

9

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	91.9%	0.0%	8.1%	0.0%	0.0%	100.0%	0.0%
Patient	68	0	6	0	0	74	0
1/1/2014 <b>to</b> 12/31/2014	56.1%	0.9%	42.8%	0.1%	0.0%	100.0%	0.0%
Net Revenue	\$1,514,231	\$25,432	\$1,156,027	\$3,663	\$0	\$2,699,353	\$0
Detients by Age	and Cav		Dationto by Doo		Det	ionto by Ethnicit	

<u>Pat</u>	ients by Ac	<u>ge and Sex</u>		Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	8
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	66
15-44 yr	2	1	3	Black/ African American :	20	Unknown Ethnicity Patients	0
45-64 yr	13	7	20	Hawaiian /Pacific Islande	0	TOTAL:	74
65-74 yr	9	12	21	White:	46		
75 < yrs	16	14	30	Unknown:	8		
Total	40	34	74	TOTAL:	74		

# Ownership, Management and General Information

Tazewell County Dialysis Name:

1021 Court St. Address:

Pekin City: Tazewell

County:

HSA: 2 14-2767 Medicare ID:

Pekin Dialysis, LLC **Legal Entity Operator:** 

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** GP Real Estate Holding, LLC, Govindbhai Patel

Other Ownership:

**Medical Director Name:** Ahsan Usman **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME I</b>	<u>EQUIVALENT</u>
1.40/04/0044	0	- 11 - 147 1 147 1	40

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	3
Peak Authorized Stations Operated:	8	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	8	8	8	0	0	8	8
Number of Patients Treated	8	0	8	0	0	7	1

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 1 1,022 (Beginning patients) **Number of Missed Treatments:** 26

**Average Daily Treatments:** Patients treated as of 12/31/2014: 12

**Average Treatment Time (min):** (Ending patients) 228.0

**Total Unduplicated patients** 19 treated in calendar year:

Medicare

#### **ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY**

New Patients:	14	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	4	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	14%
Patients Re-Started:	0	Patients transferred out:	4	Use Rate (including Missed Treatments):	14%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	2%
Total:	18	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	25%
		Patients deceased:	2		

Total: 7

Medicaid

## Patients and Net Revenue by Payor Source

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

**Private Insurance** 

		63	.2%	5.3%	15.8%	0.0%	15.8%	100.0%	0.0%
Patient			12	1	3	0	3	19	0
1/1/2014 <b>to</b> 1	12/31/2014	40	.6%	0.6%	50.4%	0.0%	8.5%	100.0%	0.0%
Net Revenue		\$266,83	38	\$3,711	\$331,458	\$0	\$55,874	\$657,881	\$0
Pat	tients by Ag	e and Sex			Patients by Race		<u>Pati</u>	ents by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic La	tino Patien	19
15-44 yr	2	0	2	Black/ Af	rican American :	3	Unknown Ethnic	ity Patients	0
45-64 yr	1	4	5	Hawaiian	/Pacific Islande	0	TOTAL:	•	19
65-74 yr	5	3	8	White:		16			
75 < yrs	2	2	4	Unknowi	ı:	0			
Total	10	9	19	TOTAL -		19			

# Ownership, Management and General Information

Name: Timber Creek Dialysis

Address: 1001 S. ANNIE GLIDDEN ROAD

City: DEKALB
County: DeKalb

**HSA**: 1 **Medicare ID**: 14-2763

Legal Entity Operator:

Dialysis of Northern Illinois, LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

Legal Entity Owner:

Ownership Type: Limited Liability Company Property Owner: Ronald E. Meyers Jr.

Other Ownership:

Medical Director Name: Bindu Pavithran
Provides Incenter Noctural Dialvsis:

ATION	INFORM	STATION
-------	--------	---------

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	1
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	0	16	0	0	16	0
Number of Patients Treated	26	0	27	0	0	25	0

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 25 In-Center Treatments in calendar year: 3,716 (Beginning patients) Number of Missed Treatments: 116

Patients treated as of 12/31/2014: 28 Average Daily Treatments:

(Ending patients)

Average Treatment Time (min): 255.0

Total Unduplicated patients 59 treated in calendar year:

ADDITIONS to the FACILITY

8

5

25

6

14

34

14

19

59

White:

TOTAL:

Unknown:

65-74 yr

75 < yrs

**Total** 

#### LOSSES to the FACILITY USE RATE for the FACILITY

42

0

59

ADDITIONO TO THE LAG	<u></u>	<u> </u>		ODE WATE TOT THE TAGIETT	
New Patients:	20	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	16	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	0	Patients transferred out:	12	Use Rate (including Missed Treatments):	34%
Post-Transplant Patien	0	Patients voluntarily discontinued	0	Use Rate (Begining patients treated):	35%
Total:	36	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	39%
		Patients deceased:	3		

Total: 17

# Patients and Net Revenue by Payor Source

		Medic	are M	edicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
		86	.4%	5.1%	8.5%	0.0%	0.0%	100.0%	0.0%
Patient			51	3	5	0	0	59	0
1/1/2014 <b>to</b> 1	2/31/2014	59.	.8%	4.8%	29.6%	0.0%	5.9%	100.0%	0.0%
Net Revenue		\$666,20	)7 \$5	3,257	\$329,528	\$0	\$65,914	\$1,114,905	\$0
Pat	ients by Ag	e and Sex			Patients by Race	<u>)</u>	<u>Pat</u>	ients by Ethnicity	<u>Y</u>
AGE GROUPS	MALE	FEMALE	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	3
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	atino Patien	56
15-44 yr	5	8	13	Black	/ African American :	17	Unknown Ethnic	city Patients	0
45-64 yr	7	6	13	Hawa	iian /Pacific Islande	0	TOTAL:		59

# Ownership, Management and General Information

Name: Total Renal Care, Inc. - DBA Red Bud Dialysis

Address: 1500 E. Market St.

City: Red Bud
County: Randolph
HSA: 5

**HSA:** 5 **Medicare ID:** 14-2772

Legal Entity Operator: Total Renal Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation

Property Owner: Market Street Healthcare Red Bud LLC

Other Ownership:

Medical Director Name: Meher Mallick
Provides Incenter Noctural Dialysis:

STATION INFORMATION	STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	---------------------	--

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	32
Certified Stations by CMS:	8	Regsitered Nurse :	1
Peak Authorized Stations Operated:	8	Dialysis Technician :	0
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	0	12.5	0	0	12.5	0
Number of Patients Treated	15	0	14	0	0	17	0

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 1 In-Center Treatments in calendar year: 1,502 (Beginning patients) Number of Missed Treatments: 74

Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

Average Treatment Time (min):

214.0

Total Unduplicated patients 29

Medicare

5

9

11

29

6

20

treated in calendar year:

**ADDITIONS to the FACILITY** 

75 < yrs

**Total** 

# LOSSES to the FACILITY USE RATE for the FACILITY

**Private Pav** 

0

29

Other Public

**TOTAL** Charity Care

New Patients:	24	Recovered patients:	0	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	4	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	20%
Patients Re-Started:	0	Patients transferred out:	6	Use Rate (including Missed Treatments):	21%
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	2%
Total:	28	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	38%
		Patients deceased:	3		

Total: 11

Medicaid

# Patients and Net Revenue by Payor Source

**Private Insurance** 

							•		Citating Care
		75	5.0%	3.6%	17.9%	0.0%	3.6%	100.0%	3.6%
Patient			21	1	5	0	1	28	1
1/1/2014 <b>to</b>	12/31/2014	57	7.9%	0.5%	31.3%	1.8%	8.4%	100.0%	1.8%
Net Revenue		\$244,15	52	\$2,218	\$132,098	\$7,670	\$35,287	\$421,425	\$7,670
<u>Pat</u>	tients by Ag	e and Sex			Patients by Rac	<u>e</u>	<u>Pati</u>	ents by Ethnicity	L
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic La	itino Patien	29
15-44 yr	2	0	2	Black	d African American :	1	Unknown Ethnic	ity Patients	0
45-64 yr	6	2	8	Hawa	iian /Pacific Islande	0	TOTAL:		29
65-74 yr	6	2	8	White	e:	28			

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unknown:

TOTAL:

## Ownership, Management and General Information

Tri-Cities Dialysis, LLC Name: 306 Randall Road Address:

Geneva City: Kane County: HSA: 8 14-2614 **Medicare ID:** 

**Legal Entity Operator:** 

Renaissance Management Company, LLC (operate

230.0

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company

**Property Owner:** Delnor Community Healthcare Foundation

Other Ownership:

**Medical Director Name:** Dr. Harry Rubinstein **Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT

Authorized Stations as of 12/31/2014: 20 **Full-Time Work Week:** 40 **Certified Stations by CMS:** 20 Regsitered Nurse: 4 **Peak Authorized Stations Operated:** 18 Dialysis Technician: 6 16 0 Authorized Stations Setup and Staffed in Oct 1-7: Dietician: Isolation Stations Set up in Oct 1-7: 0 Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 Other Non-Health: 3

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15.5	12.5	15.5	12.5	0	15.5	12.5
Number of Patients Treated	36	20	34	22	0	38	23

#### Facility Utilization Information

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 65 9.348 (Beginning patients) **Number of Missed Treatments:** 142

**Average Daily Treatments:** Patients treated as of 12/31/2014: 69 (Ending patients) Average Treatment Time (min):

**Total Unduplicated patients** 115

treated in calendar year:

#### LOSSES to the FACILITY **USE RATE for the FACILITY**

ADDITIONS to the FACILITY **New Patients:** 41 Recovered patients: 1 Treatment Capacity/year (based on Stations): 18,720 **Transient Patients:** 7 **Transplant Recipients:** 1 Use Rate (Treatments/Treatment capacity): 50% Patients Re-Started: 0 Patients transferred out: 26 **Use Rate (including Missed Treatments):** 51% 2 Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 54% **Post-Transplant Patien** 50 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 0 58% Patients deceased: 18

> Total: 46

# Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	83.5%	2.6%	13.9%	0.0%	0.0%	100.0%	0.0%
Patient	96	3	16	0	0	115	0
1/1/2014 <b>to</b> 12/31/2014	78.9%	1.0%	20.1%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,907,057	\$24,917	\$486,390	\$0	\$0	\$2,418,364	\$0
				1			

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	9
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	106
15-44 yr	3	0	3	Black/ African American :	9	Unknown Ethnicity Patients	0
45-64 yr	11	4	15	Hawaiian /Pacific Islande	0	TOTAL:	115
65-74 yr	23	14	37	White:	105		
75 < yrs	33	27	60	Unknown:	0		
Total	70	45	115	TOTAL:	115		

# Ownership, Management and General Information

U.S. Renal Care Oak Brook Dialysis Name:

1201-B Butterfield Rd Address:

Downers Grove City: DuPage County:

HSA: 14-2750 **Medicare ID:** 

**Legal Entity Operator:** 

U.S. Renal Care Oak Brook Dialysis

**Legal Entity Owner:** 

Limited Liability Company Ownership Type: FL Cedar 2, LLC

**Property Owner:** 

Other Ownership:

**Medical Director Name:** Anis Rauf

**Provides Incenter Noctural Dialysis:** 

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT
---------------------	--

Authorized Stations as of 12/31/2014:	13	Full-Time Work Week:	36
Certified Stations by CMS:	13	Regsitered Nurse :	2
Peak Authorized Stations Operated:	13	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	10	14	10	0	14	10
Number of Patients Treated	20	7	22	8	0	23	6

## **Facility Utilization Information**

#### **Facility Reported Patient Information Facility Reported Treatment Information**

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 4,512 29 (Beginning patients) **Number of Missed Treatments:** 575 **Average Daily Treatments:** Patients treated as of 12/31/2014:

33 **Average Treatment Time (min):** (Ending patients) 210.0

**Total Unduplicated patients** 94 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY** 

ADDITIONS to the PAC	<u>/  L                                   </u>	LOSSES to the LACIEIT I		OSE RATE TOT THE PACIENT	
New Patients:	31	Recovered patients:	7	Treatment Capacity/year (based on Stations):	12,168
Transient Patients:	29	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	37%
Patients Re-Started:	1	Patients transferred out:	8	Use Rate (including Missed Treatments):	42%
Post-Transplant Patien	1	Patients voluntarily discontinued	3	Use Rate (Begining patients treated):	37%
Total:	62	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	42%
		Patients deceased:	5		

27 Total:

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.3%	3.2%	21.5%	0.0%	0.0%	100.0%	1.1%
Patient	70	3	20	0	0	93	1
1/1/2013 to 12/31/2013 Net Revenue	35.6% \$460,867	<i>0.9%</i> \$12,150	63.1% \$815,957	0.3% \$3,872	<i>0.0%</i> \$0	100.0% <b>\$1,292,846</b>	<i>1.1%</i> \$13,698

Patients by Age and Sex				Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	6	Hispanic Latino Patients:	6	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	88	
15-44 yr	7	6	13	Black/ African American :	13	Unknown Ethnicity Patients	0	
45-64 yr	19	14	33	Hawaiian /Pacific Islande	0	TOTAL:	94	
65-74 yr	17	10	27	White:	58			
75 < yrs	13	8	21	Unknown:	17			
Total	56	38	94	TOTAL:	94			

Please note an influx in transient patients for 2014 that impacted the total number of patients that received treatment for the year at this facility. There were 29 transient patients that received 1 treatment at this facility due to issues that prevented them from receiving treatment at their regular facility.

# Ownership, Management and General Information

Name: University of Illinois Hospital Dialysis

Address: 1859 West Taylor

City: Chicago
County: Cook
HSA: 6
Medicare ID: 14-2316

**Legal Entity Operator:** 

THE BOARD OF TRUSTEES OF THE UNIVERSIT

Legal Entity Owner:

Ownership Type: Other Governmental (speci

Property Owner: THE BOARD OF TRUSTEES OF THE UNIVERSIT

Other Ownership: STATE

Medical Director Name: DR. JOSE ARRUDA
Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	26	Full-Time Work Week:	40
Certified Stations by CMS:	26	Regsitered Nurse :	10
Peak Authorized Stations Operated:	24	Dialysis Technician :	24
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	1
(subset of authorized stations)		LPN:	1
Number of Shifts Operated per day		Other Health :	20
		Other Non-Health:	7
Dialysis Station Llt	ilization for the We	eek of Oct 1 - 7	

#### <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	18	18	18	18	0	18	18	
Number of Patients Treated	61	60	67	60	0	62	61	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 134 In-Center Treatments in calendar year: 18,978 (Beginning patients) Number of Missed Treatments: 1,877 Average Daily Treatments: 425

(Ending patients)

Average Daily Treatments:

Average Daily Treatments:

240.0

Total Unduplicated patients 135 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Recovered patients: **New Patients:** 34 1 Treatment Capacity/year (based on Stations): 24,336 **Transient Patients:** 0 **Transplant Recipients:** 12 Use Rate (Treatments/Treatment capacity): 78% Patients Re-Started: 1 Patients transferred out: 14 Use Rate (including Missed Treatments): 86% Patients voluntarily discontinued Use Rate (Begining patients treated): 86% **Post-Transplant Patien** 11 1 Patients lost to follow up: 0 Use Rate (Year end Patients/Stations\*6): 87% Total: 46 Patients deceased: 11

Total: 39

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.5%	15.6%	3.7%	0.0%	2.2%	100.0%	0.0%
Patient	106	21	5	0	3	135	0
7/1/2013 <b>to</b> 6/30/2014	22.8%	41.4%	30.8%	5.0%	0.0%	100.0%	3.3%
Net Revenue	\$140,295,041	\$254,545,647	\$189,155,786	\$30,614,457	\$0	\$614,610,931	\$20,101,000

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	45
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	90
15-44 yr	17	19	36	Black/ African American :	84	Unknown Ethnicity Patients	0
45-64 yr	33	19	52	Hawaiian /Pacific Islande	0	TOTAL:	135
65-74 yr	11	21	32	White:	50		
75 < yrs	8	7	15	Unknown:	0		
Total	69	66	135	TOTAL:	135		

STATION INFORMATION

# Ownership, Management and General Information

Name: US Renal Care Bolingbrook Dialysis

Address: 396 Remington Blvd

City: Bolingbrook
County: Will
HSA: 9
Medicare ID: 14-2749

Legal Entity Operator:

U.S. Renal Care Bolingbrook Dialysis

EACH ITY STAFFING FILL TIME FOLIVALENT

Legal Entity Owner:

Ownership Type: Limited Liability Company
Property Owner: PHT Bolingbrook MOB, LLC

Other Ownership:

Medical Director Name: Mohammed Ahmed Provides Incenter Noctural Dialysis:

STATION INFORMATION	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	13	Full-Time Work Week:	36
Certified Stations by CMS:	13	Regsitered Nurse :	4
Peak Authorized Stations Operated:	12	Dialysis Technician :	4
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0

(subset of authorized stations)

Number of Shifts Operated per day

Other Health:

Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	14	11	14	11	0	14	11	
Number of Patients Treated	20	10	25	12	0	25	13	

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 34 In-Center Treatments in calendar year: 4,642 (Beginning patients) Number of Missed Treatments: 502

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 202.0

Total Unduplicated patients 64

treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

Recovered patients: **New Patients:** 30 5 Treatment Capacity/year (based on Stations): 12,168 **Transient Patients:** 1 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 38% Patients Re-Started: 1 Patients transferred out: 6 **Use Rate (including Missed Treatments):** 42% 0 Patients voluntarily discontinued Use Rate (Begining patients treated): 44% **Post-Transplant Patien** 1 32 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): 53% Total: 1

Patients deceased: 10
Total: 23

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	77.8%	3.2%	17.5%	1.6%	0.0%	100.0%	1.6%
Patient	49	2	11	1	0	63	1
1/1/2013 <b>to</b> 12/31/2013	21.4%	0.7%	77.7%	0.3%	0.0%	100.0%	0.7%
Net Revenue	\$692,309	\$23,055	\$2,515,310	\$8,511	\$0	\$3,239,185	\$21,527

Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	4	Hispanic Latino Patients:	8
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	56
15-44 yr	4	4	8	Black/ African American :	12	Unknown Ethnicity Patients	0
45-64 yr	16	10	26	Hawaiian /Pacific Islande	0	TOTAL:	64
65-74 yr	7	7	14	White:	40		
75 < yrs	6	10	16	Unknown:	8		
Total	33	31	64	TOTAL:	64		

# Ownership, Management and General Information

US Renal Care Villa Park Dialysis Name:

200 E. North Avenue Address:

Villa Park City: DuPage County: HSA: 14-2755 **Medicare ID:** 

**Legal Entity Operator:** 

U.S. Renal Care Villa Park Dialysis

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Legal Entity Owner:** 

Ownership Type: Limited Liability Company **Property Owner:** Royal Plaza Management

Other Ownership:

**Medical Director Name:** Michael Cohan **Provides Incenter Noctural Dialysis:** 

CTATION	INFORMATION	
SIAHUN	INTURINATION	

Authorized Stations as of 12/31/2014:	13	Full-Time Work Week:	40
Certified Stations by CMS:	13	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13.5	13	13.5	13	0	13.5	13	
Number of Patients Treated	28	22	28	25	0	30	26	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 47 7.982 (Beginning patients) **Number of Missed Treatments:** 663

**Average Daily Treatments:** Patients treated as of 12/31/2014: 60

**Average Treatment Time (min):** (Ending patients) 210.0

**Total Unduplicated patients** 85 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY

**USE RATE for the FACILITY** Recovered patients: **New Patients:** 33 1 Treatment Capacity/year (based on Stations): 12,168 **Transient Patients:** 5 **Transplant Recipients:** 3 Use Rate (Treatments/Treatment capacity): 66% Patients Re-Started: 2 Patients transferred out: 17 **Use Rate (including Missed Treatments):** 71% Patients voluntarily discontinued Use Rate (Begining patients treated): 60% **Post-Transplant Patien** 1 1 41 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 4 77%

Patients deceased: 1 Total: 27

## Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	77.6%	3.5%	18.8%	0.0%	0.0%	100.0%	0.0%
Patient	66	3	16	0	0	85	0
1/1/2013 to 12/31/2013 Net Revenue	36.5% \$774,832	<i>1.8%</i> \$38,663	<i>61.4%</i> \$1,302,879	<i>0</i> .3% \$7,016	<i>0.0%</i> \$0	100.0% <b>\$2,123,390</b>	1.4% \$28,800

		<b>*</b> · · · · · · · · · · · · · · · · · · ·	+-	¥:,00=,0:0	¥:,-:-	¥=,:=0,000	<del>+</del> ==,===
Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	5
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	80
15-44 yr	7	4	11	Black/ African American :	11	Unknown Ethnicity Patients	0
45-64 yr	13	14	27	Hawaiian /Pacific Islande	1	TOTAL:	85
65-74 yr	9	12	21	White:	37		
75 < yrs	12	14	26	Unknown:	35		
Total	41	44	85	TOTAL:	85		
				I .		Į.	

# Ownership, Management and General Information

USRC Streamwood Dialysis Name: Address: 149 East Irving Park Road

City: Cook County: HSA:

**Medicare ID:** 

Streamwood

14-2738

**Legal Entity Operator:** 

U.S. Renal Care Streamwood Dialysis

**Legal Entity Owner:** Ownership Type: Limited Liability Company

Inland Commercial Property Management **Property Owner:** 

Other Ownership:

**Medical Director Name:** Gordan Lang **Provides Incenter Noctural Dialysis:** 

<b>STATION INFORMATION</b>	FACILITY STAFFING - FULL TIME EQUIVALENT		
Authorized Stations as of 12/31/2014:	13	Full-Time Work Week:	38
Certified Stations by CMS:	13	Regsitered Nurse :	1
Peak Authorized Stations Operated:	13	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	13	Dietician :	0
			_

**Authorized Statio** Isolation Stations Set up in Oct 1-7: Social Worker: 0 (subset of authorized stations) LPN: 0 Number of Shifts Operated per day Other Health: 0 2 Other Non-Health:

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	0	13	0	0	13	0	
Number of Patients Treated	25	0	27	0	0	25	0	

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

Patients treated as of 1/1/2014: In-Center Treatments in calendar year: 21 3,671 (Beginning patients) **Number of Missed Treatments:** 446 **Average Daily Treatments:** Patients treated as of 12/31/2014: 31

(Ending patients) Average Treatment Time (min): 211.0

**Total Unduplicated patients** 41 treated in calendar year:

#### ADDITIONS to the FACILITY LOSSES to the FACILITY **USE RATE for the FACILITY**

**New Patients:** 19 Recovered patients: 0 Treatment Capacity/year (based on Stations): 12,168 **Transient Patients:** 3 **Transplant Recipients:** 0 Use Rate (Treatments/Treatment capacity): 30% Patients Re-Started: 2 Patients transferred out: 13 **Use Rate (including Missed Treatments):** 34% Patients voluntarily discontinued 0 Use Rate (Begining patients treated): 27% **Post-Transplant Patien** 1 25 Patients lost to follow up: Use Rate (Year end Patients/Stations\*6): Total: 1 40% Patients deceased: 6

Total: 20

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	80.5%	4.9%	14.6%	0.0%	0.0%	100.0%	0.0%
Patient	33	2	6	0	0	41	0
1/1/2013 to 12/31/2013 Net Revenue	37.2% \$600,726	1.4% \$22,799	<i>60.9%</i> \$984,965	<i>0.5%</i> \$7,840	<i>0.0%</i> \$0	100.0% <b>\$1,616,330</b>	0.9% \$14,475

		φοσο, ι 2	- Ψ-	2,700 4001,000	φι,σισ	Ψο Ψ1,010,000	Ψ. 1, 17 Θ
Patients by Age and Sex			Patients by Rac	<u>e</u>	Patients by Ethnicity		
GE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	5	Hispanic Latino Patients:	1
14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	40
5-44 yr	2	1	3	Black/ African American :	3	Unknown Ethnicity Patients	0
5-64 yr	6	7	13	Hawaiian /Pacific Islande	0	TOTAL:	41
5-74 yr	7	6	13	White:	22		
5 < yrs	7	5	12	Unknown:	11		
otal	22	19	41	TOTAL:	41		
•	7 22	_					

# Ownership, Management and General Information

Name: Vandalia Dialysis Address: 301 Mattes Road

City: Vandalia
County: Fayette
HSA: 5
Medicare ID: 14-2693

**Legal Entity Operator:** 

DVA Total Renal Care, Inc.

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Old Capitol Retail

Other Ownership:

Medical Director Name: Dr. Bashar Alzahabi
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u> FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	30
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	2

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	10	10	10	0	10	10
Number of Patients Treated	13	12	16	12	0	16	13

## **Facility Utilization Information**

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 25 In-Center Treatments in calendar year: 4,158 (Beginning patients) Number of Missed Treatments: 398

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 240.0

Total Unduplicated patients 39

Medicare

Medicaid

treated in calendar year:

Other Public

TOTAL

**Charity Care** 

<b>ADDITIONS to the FACILITY</b>		LOSSES to the FACILITY		<b>USE RATE for the FACILITY</b>				
New Patients:	11	Recovered patients:	1	Treatment Capacity/year (based on Stations):	7,488			
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	56%			
Patients Re-Started:	0	Patients transferred out:	3	Use Rate (including Missed Treatments):	61%			
Post-Transplant Patien	0	Patients voluntarily discontinued	2	Use Rate (Begining patients treated):	52%			
Total:	12	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	60%			
		Patients deceased:	3					
		Total:	9					

## Patients and Net Revenue by Payor Source

**Private Pav** 

**Private Insurance** 

						•			•
		94.	9%	0.0%	5.1%	0.0%	0.0%	100.0%	0.0%
Patient			37	0	2	0	0	39	0
1/1/2014 <b>to</b>	12/31/2014	65.2	2%	1.1%	25.7%	0.0%	7.9%	100.0%	0.0%
Net Revenue		\$867,35	6 \$1	4,641	\$342,072	\$0	\$105,539	\$1,329,608	\$0
<u>Pat</u>	tients by Ag	e and Sex			Patients by Race		<u>Pat</u>	ients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	ntients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Native A	merican/ Indian:	0	Non-Hispanic L	atino Patien	39
15-44 yr	1	1	2	Black/ A	frican American :	2	Unknown Ethni	city Patients	0
45-64 yr	8	8	16	Hawaiiar	n /Pacific Islande	0	TOTAL:		39
65-74 yr	4	3	7	White:		37			
75 < yrs	4	10	14	Unknow	n :	0			
Total	17	22	39	TOTAL:		39			

# Ownership, Management and General Information

Name: Wayne County Dialysis Center

Address: 303 NW 11th Street

City: Fairfield
County: Wayne
HSA: 5
Medicare ID: 14-2688

Legal Entity Operator:

Total Renal Care Incorporated

Legal Entity Owner:

Ownership Type: For Profit Corporation
Property Owner: Fairfield Memorial Hospital

Other Ownership:

Medical Director Name: Dr Steven J Zelman
Provides Incenter Noctural Dialysis:

STATION INFORMATION	<u>FACILITY STAFFING - FULL TIME EQUIVALENT</u>

Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	2
Peak Authorized Stations Operated:	8	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	13	11	13	11	0	13	11	
Number of Patients Treated	16	12	17	14	0	17	15	

## **Facility Utilization Information**

# Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 29 In-Center Treatments in calendar year: 4,605 (Beginning patients) Number of Missed Treatments: 66
Patients treated as of 12/31/2014: Average Daily Treatments:

(Ending patients)

Average Daily Treatments.

Average Daily Treatments.

202.0

Total Unduplicated patients 46 treated in calendar year:

ADDITIONS to the FACILITY LOSSES to the FACILITY USE RATE for the FACILITY

ADDITIONS to the FAC	<u>ILIIY</u>	LUSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	13	Recovered patients:	1	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	4	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	61%
Patients Re-Started:	0	Patients transferred out:	9	Use Rate (including Missed Treatments):	62%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	60%
Total:	17	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	65%
		Patients deceased:	3		

Total: 15

#### Patients and Net Revenue by Payor Source

		Medic	are M	ledicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
		78	.3%	4.3%	10.9%	0.0%	6.5%	100.0%	0.0%
Patient			36	2	5	0	3	46	0
1/1/2014 <b>to</b>	12/31/2014	53	.3%	1.8%	33.9%	0.0%	11.0%	100.0%	0.0%
Net Revenue		\$788,63	38 \$2	26,642	\$501,761	\$0	\$163,602	\$1,480,643	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race	<u>e</u>	<u>Pat</u>	ients by Ethnicity	<u> </u>
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian	Patients:	0	Hispanic Latino	Patients:	0
<14 yrs	0	0	0	Nativ	e American/ Indian:	0	Non-Hispanic L	atino Patien	46
15-44 yr	6	7	13	Black	/ African American :	0	Unknown Ethni	city Patients	0

					<del></del>		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	46
15-44 yr	6	7	13	Black/ African American :	0	Unknown Ethnicity Patients	0
45-64 yr	12	8	20	Hawaiian /Pacific Islande	0	TOTAL:	46
65-74 yr	2	3	5	White:	46		
75 < yrs	5	3	8	Unknown:	0		
Total	25	21	46	TOTAL:	46		

## Ownership, Management and General Information

Name:

West Lawn Dialysis

Address:

7000 South Pulaski Road

City: County: HSA:

**Medicare ID:** 

Chicago Cook

14-2719

6

**Legal Entity Operator:** 

**Legal Entity Owner:** 

DaVita Dialysis

Ownership Type:

For Profit Corporation Glendale 2004 LLC

**FACILITY STAFFING - FULL TIME EQUIVALENT** 

**Property Owner:** Other Ownership:

Dr. Michael Arvan **Medical Director Name: Provides Incenter Noctural Dialysis:** 

Authorized Stations as of 12/31/2014:	12	Full-Time Work Week:	40
Certified Stations by CMS:	12	Regsitered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	1
		Other Non-Health:	1

#### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	14	14	14	0	14	14
Number of Patients Treated	29	30	31	29	0	29	31

## **Facility Utilization Information**

**Facility Reported Patient Information** 

Patients treated as of 1/1/2014: 61

(Beginning patients)

Patients treated as of 12/31/2014: (Ending patients)

**Total Unduplicated patients** 

treated in calendar year:

## **Facility Reported Treatment Information**

In-Center Treatments in calendar year: 8,940

**Number of Missed Treatments: Average Daily Treatments:** 

Average Treatment Time (min):

240.0

612

ADDITIONS to the FACILITY

**New Patients:** 22 **Transient Patients:** 30 Patients Re-Started: 1 0 **Post-Transplant Patien** 53 Total:

LOSSES to the FACILITY Recovered patients: **Transplant Recipients:** Patients transferred out: Patients voluntarily discontinued Patients lost to follow up: Patients deceased: Total:

63

63

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 11,232 Use Rate (Treatments/Treatment capacity): 80% **Use Rate (including Missed Treatments):** 85% Use Rate (Begining patients treated): 85% Use Rate (Year end Patients/Stations\*6): 88%

#### Patients and Net Revenue by Payor Source

1

3

48

0

1

3

56

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	60.7%	26.2%	13.1%	0.0%	0.0%	100.0%	3.3%
Patient	37	16	8	0	0	61	2
1/1/2014 <b>to</b> 12/31/2014	36.7%	7.8%	44.9%	0.2%	10.4%	100.0%	0.2%
Net Revenue	\$1,101,687	\$235,473	\$1,349,142	\$5,900	\$313,215	\$3,005,417	\$5,900
Patients by Age	and Sex		Patients by Race		<u>Pat</u>	ients by Ethnicity	!
GE GROUPS MALE	FEMALE TO	ΓΔI Asian	Patients:	0	Hispanic Latino	Patients:	39

<u>Pat</u>	ients by Ag	<u>je and Sex</u>		Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	39	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	24	
15-44 yr	6	4	10	Black/ African American :	17	Unknown Ethnicity Patients	0	
45-64 yr	13	17	30	Hawaiian /Pacific Islande	0	TOTAL:	63	
65-74 yr	7	9	16	White:	6			
75 < yrs	3	4	7	Unknown:	40			
Total	29	34	63	TOTAL:	63			

# Ownership, Management and General Information

Woodlawn Dialysis Name: Address:

5060 S. State Street

Chicago City: Cook County: HSA: 6 14-2721 Medicare ID:

**Legal Entity Operator:** 

TOTAL RENAL CARE

**Legal Entity Owner:** Ownership Type:

For Profit Corporation SOUTH CENTRAL MEDICAL

**Property Owner:** Other Ownership:

Dr. MARY HAMMES **Medical Director Name: Provides Incenter Noctural Dialysis:** 

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT					
Authorized Stations as of 12/31/2014:	32		Full-Time Wo	rk Week	ζ:	40	
Certified Stations by CMS:	32		Regsitered N		7		
Peak Authorized Stations Operated:	32		Dialysis Tech	16			
Authorized Stations Setup and Staffed in Oct 1-7:	32		Dietician :			1	
Isolation Stations Set up in Oct 1-7:	2		Social Worker:			1	
(subset of authorized stations)			LPN:			0	
Number of Shifts Operated per day			Other Health	:		1	
			Other Non-He	ealth:		3	

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	16	18	16	0	18	16
Number of Patients Treated	54	57	57	58	0	53	56

## **Facility Utilization Information**

**Facility Reported Patient Information Facility Reported Treatment Information** 

17,505 In-Center Treatments in calendar year:

(Beginning patients) **Number of Missed Treatments:**  906

Patients treated as of 12/31/2014: (Ending patients)

Patients treated as of 1/1/2014:

126 126

119

**Average Daily Treatments:** 

240.0

**Total Unduplicated patients** 

treated in calendar year:

Average Treatment Time (min):

ADDITIONS to the FACILITY

**New Patients:** 33 **Transient Patients:** 26 Patients Re-Started: 0 0 **Post-Transplant Patien** 59 Total:

LOSSES to the FACILITY Recovered patients: 0 **Transplant Recipients:** 8 Patients transferred out: 37 Patients voluntarily discontinued 0 Patients lost to follow up: 8 Patients deceased: 11 Total: 64

**USE RATE for the FACILITY** Treatment Capacity/year (based on Stations): 29,952 Use Rate (Treatments/Treatment capacity): 58% Use Rate (including Missed Treatments): 61% Use Rate (Begining patients treated): 62% Use Rate (Year end Patients/Stations\*6): 66%

#### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	<b>Charity Care</b>
	57.6%	27.2%	15.2%	0.0%	0.0%	100.0%	0.8%
Patient	72	34	19	0	0	125	1
1/1/2014 <b>to</b> 12/31/2014	60.1%	5.6%	17.9%	1.0%	15.3%	100.0%	1.0%
Net Revenue	\$2,676,959	\$249,203	\$796,838	\$46,610	\$682,813	\$4,452,423	\$46,610
Patients by Age	and Say	Ī	Patients by Pac		Dat	tients by Ethnicit	v

<u>Pat</u>	Patients by Age and Sex			Patients by Race		Patients by Ethnicity		
AGE GROUPS	MALE	<b>FEMALE</b>	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	4	
<14 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patien	122	
15-44 yr	14	14	28	Black/ African American :	121	Unknown Ethnicity Patients	0	
45-64 yr	29	25	54	Hawaiian /Pacific Islande	0	TOTAL:	126	
65-74 yr	9	12	21	White:	1			
75 < yrs	7	16	23	Unknown:	4			
Total	59	67	126	TOTAL:	126			

# Ownership, Management and General Information

Name: Yorkville Dialysis Center

Address: 1400 N. Beecher Yorkville

City: Yorkville
County: Kendall
HSA: 9
Medicare ID: 14-2709

Legal Entity Operator:

Renaissance Management Company, LLC (operate

Legal Entity Owner:

Ownership Type: Limited Liability Company

Property Owner: Yorkville Medical Building Company, LLC

Other Ownership:

Medical Director Name: Dr. Valerie Heidenry Provides Incenter Noctural Dialysis:

STATION INFORMATION		<b>FACILITY STAFFING - FULL TIME I</b>	<u> QUIVALENT</u>
Authorized Stations as of 12/31/2014:	8	Full-Time Work Week:	40
Certified Stations by CMS:	8	Regsitered Nurse :	1
Peak Authorized Stations Operated:	8	Dialysis Technician :	0
Authorized Stations Setup and Staffed in Oct 1-7:	8	Dietician :	0
Isolation Stations Set up in Oct 1-7:	0	Social Worker:	0
(subset of authorized stations)		LPN:	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

#### <u>Dialysis Station Utilization for the Week of Oct 1 - 7</u>

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7	
Hours operated	12.5	6.5	12.5	6.5	0	12.5	6.5	
Number of Patients Treated	12	4	14	3	0	14	3	

## **Facility Utilization Information**

ADDITIONS to the FACILITY

Facility Reported Patient Information Facility Reported Treatment Information

Patients treated as of 1/1/2014: 12 In-Center Treatments in calendar year: 2,201 (Beginning patients) Number of Missed Treatments: 62

Patients treated as of 12/31/2014:
(Ending patients)

Average Daily Treatments:

Average Treatment Time (min): 232.0

Total Unduplicated patients 28

Total:

Medicare

Medicaid

treated in calendar year:

## LOSSES to the FACILITY USE RATE for the FACILITY

**Private Pav** 

Other Public

TOTAL

**Charity Care** 

7.55 5 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>			<u> </u>	
New Patients:	12	Recovered patients:	1	Treatment Capacity/year (based on Stations):	7,488
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	29%
Patients Re-Started:	1	Patients transferred out:	8	Use Rate (including Missed Treatments):	30%
Post-Transplant Patien	0	Patients voluntarily discontinued	1	Use Rate (Begining patients treated):	25%
Total:	16	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	33%
		Patients deceased:	2		

# Patients and Net Revenue by Payor Source

**Private Insurance** 

12

		78.6	%	10.7%	10.7%	0.0%	0.0%	100.0%	0.0%
Patient		:	22	3	3	0	0	28	0
1/1/2014 <b>to</b>	12/31/2014	86.5	<b>1</b> %	9.1%	4.4%	0.0%	0.0%	100.0%	0.0%
Net Revenue		\$524,383	\$5	5,437	\$26,658	\$0	\$0	\$606,478	\$0
<u>Pa</u>	tients by Ag	e and Sex			Patients by Race		<u>Patie</u>	ents by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Pa	tients:	0	Hispanic Latino I	Patients:	5
<14 yrs	0	0	0	Native Ar	nerican/ Indian:	0	Non-Hispanic La	tino Patien	23
15-44 yr	1	1	2	Black/ Af	rican American :	3	Unknown Ethnic	ity Patients	0
45-64 yr	3	7	10	Hawaiian	/Pacific Islande	0	TOTAL:		28
65-74 yr	2	2	4	White:		25			
75 < yrs	6	6	12	Unknowr	n:	0			
Total	12	16	28	TOTAL:		28			